

Taking a fresh approach

ANZ Health Insurance

Easy Reference Guide

Western Australia

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Extras cover at a glance

This Easy Reference Guide shows you what you're covered for under each ANZ Health Insurance extras option. To find the benefits that apply, simply refer to the table inside.

More from your membership

No matter what extras cover you are on, we'll recognise you for your loyalty with us. Depending on the cover you choose (excluding General Dental), you can be rewarded with:

Benefit Bonuses – After your first year of membership on extras cover with us, we add a Benefit Bonus to the amount you get back each time you claim.* Your Benefit Bonus increases by 2% every year up to a maximum of 10%! Available on Gold Extras and Silver Extras.

Loyalty Maximums – For most extras services, we increase the amount you can claim up to in a year – by 20% each year – until it's double the amount of when you joined. Available on Standard Extras, Your Choice Extras, Young Singles/Couples Choice and Young Singles Saver.

Top-up Bonus – Our young couples and singles covers include Top-up Bonuses. You get a yearly Top-up Bonus to put towards any out-of-pocket expenses on the extras services covered. See your main brochure for details.

* Annual Maximum limits apply.

Our Members First Network

Visit our extensive dental, physiotherapy and chiropractic Members First network and receive:

- › Higher benefits than at non-Members First providers – between 60% to 75% back on the cost of the treatment in most instances
- › Certainty about any out-of-pocket expenses
- › On-the-spot claiming

At Members First optical outlets, you'll get:

- › Higher annual limits and rebates than at outlets not part of the Members First network.
- › Plus 50% off on selected frames at The Optical Superstore or 20% off at Budget Eyewear, OPSM and Laubman & Pank.*

* When purchased with prescription lenses. Not available with any other offer. Excludes Chanel and Bulgari frames.

Claim on the spot

Simply swipe your membership card after treatment, then pay only the balance of the bill – it's easy. Next time you ring for an appointment, check that your dentist, physiotherapist, chiropractor, podiatrist or optical provider offers the convenience of electronic claiming.

Extras Cover

Premiums

With 30%
Government Rebate

	Weekly	Monthly	Weekly	Monthly
Platinum Extras				
Single	\$22.40	\$97.35	\$15.65	\$68.10
Couples/Family	\$44.80	\$194.70	\$31.35	\$136.25
Family Plus	\$61.50	\$267.25	\$43.05	\$187.05
Gold Extras				
Single	\$17.50	\$76.05	\$12.25	\$53.20
Couples/Family	\$35.00	\$152.10	\$24.50	\$106.45
Family Plus	\$48.20	\$209.45	\$33.70	\$146.60
Silver Extras				
Single	\$10.90	\$47.35	\$7.60	\$33.10
Couples/Family	\$21.80	\$94.70	\$15.25	\$66.25
Family Plus	\$30.35	\$131.90	\$21.20	\$92.30
Your Choice Extras				
Single	\$7.55	\$32.80	\$5.25	\$22.95
Couples/Family	\$15.10	\$65.60	\$10.55	\$45.90
Family Plus	\$20.75	\$90.15	\$14.50	\$63.10
Standard Extras				
Single	\$7.00	\$30.40	\$4.90	\$21.25
Couples/Family	\$14.00	\$60.80	\$9.80	\$42.55
Family Plus	\$19.15	\$83.20	\$13.40	\$58.20
General Dental				
Single	\$4.05	\$17.60	\$2.80	\$12.30
Couples/Family	\$8.10	\$35.20	\$5.65	\$24.60
Family Plus	\$11.25	\$48.90	\$7.85	\$34.20

Tailored Options

Premiums

With 30%
Government Rebate

	Weekly	Monthly	Weekly	Monthly
Family Essentials				
Single Parent	\$25.60	\$111.25	\$17.90	\$77.85
Family	\$32.00	\$139.05	\$22.40	\$97.30
Family Plus	\$40.10	\$174.25	\$28.05	\$121.95
Young Couples Choice				
Couples	\$38.40	\$166.85	\$26.85	\$116.75
Young Singles Choice				
Single	\$20.20	\$87.75	\$14.10	\$61.40
Young Singles Saver				
Single	\$17.75	\$77.15	\$12.40	\$54.00
Active Sports Saver				
Single	\$14.25	\$61.95	\$9.95	\$43.35

Hospital Cover

Premiums

With 30% Government Rebate

	Weekly	Monthly	Excess	Weekly	Monthly
Top Hospital Cover					
Single	\$32.30	\$140.35	None	\$22.60	\$98.20
Single parent	\$58.25	\$253.10		\$40.75	\$177.15
Couples/Family	\$64.60	\$280.70		\$45.20	\$196.45
Family Plus	\$83.65	\$363.50		\$58.55	\$254.45
Hospital Cover with Excess Bonus Plus					
Single	\$26.95	\$117.10	\$200	\$18.85	\$81.95
Single parent	\$47.45	\$206.20		\$33.20	\$144.30
Couples/Family	\$53.90	\$234.20		\$37.70	\$163.90
Family Plus	\$66.55	\$289.20		\$46.55	\$202.40
Hospital Cover with Excess Bonus					
Single	\$25.15	\$109.30	\$300	\$17.60	\$76.50
Single parent	\$43.90	\$190.75		\$30.70	\$133.50
Couples/Family	\$50.30	\$218.60		\$35.20	\$153.00
Family Plus	\$63.25	\$274.85		\$44.25	\$192.35
Hospital Cover with Excess					
Single	\$23.20	\$100.80	\$400	\$16.20	\$70.55
Single parent	\$39.95	\$173.60		\$27.95	\$121.50
Couples/Family	\$46.40	\$201.60		\$32.45	\$141.10
Family Plus	\$59.30	\$257.65		\$41.50	\$180.35
Hospital Cover with Excess Level 5					
Single	\$21.90	\$95.15	\$500	\$15.30	\$66.60
Single parent	\$37.45	\$162.75		\$26.20	\$113.90
Couples/Family	\$43.80	\$190.30		\$30.65	\$133.20
Family Plus	\$56.25	\$244.40		\$39.35	\$171.05
Hospital Saver Plus Nil Excess					
Single	\$25.95	\$112.75	None	\$18.15	\$78.90
Single parent	\$45.35	\$197.05		\$31.70	\$137.90
Couples/Family	\$51.90	\$225.50		\$36.30	\$157.85
Family Plus	\$65.30	\$283.75		\$45.70	\$198.60
Hospital Saver Plus Level 2					
Single	\$23.60	\$102.55	\$200	\$16.50	\$71.75
Single parent	\$40.60	\$176.40		\$28.40	\$123.45
Couples/Family	\$47.20	\$205.10		\$33.00	\$143.55
Family Plus	\$59.40	\$258.10		\$41.55	\$180.65
Hospital Saver Plus Level 3					
Single	\$22.35	\$97.10	\$300	\$15.60	\$67.95
Single parent	\$38.05	\$165.35		\$26.60	\$115.70
Couples/Family	\$44.70	\$194.20		\$31.25	\$135.90
Family Plus	\$56.25	\$244.40		\$39.35	\$171.05
Hospital Saver Plus Level 4					
Single	\$21.20	\$92.10	\$400	\$14.80	\$64.45
Single parent	\$35.80	\$155.55		\$25.05	\$108.85
Couples/Family	\$42.40	\$184.20		\$29.65	\$128.90
Family Plus	\$53.40	\$232.05		\$37.35	\$162.40
Hospital Saver Plus Level 5					
Single	\$20.05	\$87.10	\$500	\$14.00	\$60.95
Single parent	\$33.65	\$146.20		\$23.55	\$102.30
Couples/Family	\$40.10	\$174.20		\$28.05	\$121.90
Family Plus	\$50.55	\$219.65		\$35.35	\$153.75
Hospital Saver					
Single	\$13.60	\$59.10	\$500	\$9.50	\$41.35
Single parent	\$20.90	\$90.80		\$14.60	\$63.55
Couples/Family	\$27.20	\$118.20		\$19.00	\$82.70
Family Plus	\$34.55	\$150.15		\$24.15	\$105.10

Prices at a glance

The tables on the right list all ANZ Health Insurance hospital and extras premiums.

The Government Rebate prices show the amount you will pay if you register for the Rebate upon joining. If you are aged 65 or over, even higher rebates apply. Lifetime Health Cover loadings may also apply to the hospital cover prices shown. For any further information about the Government Rebate or Lifetime Health Cover, simply refer to your main brochure.

Additional extras covers

General Dental

General Dental gives you and your family cover for visits to the dentist which can be costly. General Dental can only be taken with a hospital cover option. It does not cover major dental services.

We cover you for 100% of the recognised fee for oral examinations only, with a maximum of one per person per calendar year. A fixed benefit applies to all general dental items, including fillings, extractions, scale and clean. Check with ANZ Health Insurance for individual benefits and annual Loyalty Maximums.

Waiting periods

Hospital

Palliative care, psychiatric and rehabilitation services	2 months
Pre-existing ailments, illnesses or conditions and pregnancy (childbirth)	1 year

Extras

Initial waiting period on extras	2 months
Pre-existing ailments, illnesses or conditions	1 year
Major dental, complex surgical extractions, root fillings, complex fillings, dental sleep apnoea devices and selected health appliances	1 year

For an extensive list of your set benefits under all our extras options, simply contact ANZ Health Insurance on 13 15 91.

Note: Complex surgical extractions include wisdom tooth extractions. Complex filling are larger fillings that cover three or more surfaces of a tooth.

Extras Cover	Gold Extras		Silver Extras		Standard Extras		Your Choice Extras		Young Singles/ Young Couples Choice		Young Singles Saver		Active Sports Saver	
	Benefits per person	Annual Maximums per person	Benefits per person	Annual Maximums per person	Benefits per person	Loyalty Maximums per person	Benefits per person	Loyalty Maximums per person	Benefits per person	Loyalty Maximums per person	Benefits per person	Loyalty Maximums per person	Benefits per person	Loyalty Maximums per person
General Dental Members First Dentists Fixed benefits apply. Example: Comprehensive oral exam Scale and clean Other Dentists Lower benefits apply for non-Members First dentists. Example: Comprehensive oral exam Scale and clean	75% of cost \$45.75 \$79.15	Unlimited	60% of cost \$36.60 \$63.30	Unlimited	60% of cost \$36.60 \$63.30	Combined General, Major Dental & Orthodontics Yr1 \$400* Yr2 \$480 Yr3 \$560 Yr4 \$640 Yr5 \$720 Yr6+ \$800	60% of cost \$36.60 \$63.30	Yr1 \$700 Yr2 \$840 Yr3 \$980 Yr4 \$1120 Yr5 \$1260 Yr6+ \$1400	60% of cost \$36.60 \$63.30	Combined General, Major Dental & Orthodontics Yr1 \$500* Yr2 \$600 Yr3 \$700 Yr4 \$800 Yr5 \$900 Yr6+ \$1000	60% of cost \$36.60 \$63.30	Combined General, Major Dental & Orthodontics Yr1 \$500* Yr2 \$600 Yr3 \$700 Yr4 \$800 Yr5 \$900 Yr6+ \$1000	\$300 Sub-limit 60% of cost \$36.60 \$63.30	\$1000 combined yearly maximum for all services covered. Major Dental and Orthodontic benefits are payable, if resulting from an accident that requires immediate attention.
Major Dental Including, crowns, bridgework and precious restorations. Benefits for replacement of dentures are payable every 3 years. Members First Dentists Fixed benefits apply. Example: Full crown Complete denture Other Dentists Lower benefits apply for services from non-Members First dentists. Example: Full crown Complete denture	75% of cost Up to \$1100.00 Up to \$1100.00 Up to \$893.80 \$1001.50	\$1100 12 month waiting period applies	60% of cost Up to \$933.90 Up to \$1000.00 Up to \$715.00 \$801.20	\$1000 12 month waiting period applies	60% of cost Up to \$800.00 Up to \$800.00 Up to \$440.00 \$500.00	*No benefits payable for Major Dental services in the first year of membership. Orthodontic treatment is only covered if resulting from an accident and requiring immediate attention.	60% of cost Up to \$933.90 Up to \$1000.00 Up to \$440.00 \$500.00	Yr1 N/A Yr2 \$500 Yr3 \$600 Yr4 \$700 Yr5 \$800 Yr6 \$900 Yr7+ \$1000	60% of cost Up to \$933.90 Up to \$1000.00 Up to \$440.00 \$500.00	*No benefits payable for Major Dental services in the first year of membership. Orthodontic treatment is only covered if resulting from an accident and requiring immediate attention.	60% of cost Up to \$933.90 Up to \$1000.00 Up to \$580.95 \$650.95	*No benefits payable for Major Dental services in the first year of membership. Orthodontic treatment is only covered if resulting from an accident and requiring immediate attention.	\$300 Sub-limit	An additional benefit applies of up to \$50 per mouth guard.
Orthodontics Set benefits per item.	\$2600 Lifetime limit	\$800 12 month waiting period applies	\$2000 Lifetime limit	\$700 12 month waiting period applies			\$1300 Lifetime limit	Yr1 N/A Yr2 \$450 Yr3 \$540 Yr4 \$630 Yr5 \$720 Yr6 \$810 Yr7+ \$900						
Optical Set benefits per item. Members First Optical Providers Frames for prescription lenses (one per calendar year) Standard single vision lenses Standard progressive lenses Contact lenses, disposable Contact lenses, non-disposable Members First discounts Receive great discounts on frames and lenses at Members First Optical outlets. (Not in conjunction with any other offer). See main brochure for details. Other Optical Providers Lower benefits apply.	\$180.70 \$72.40 \$153.00 \$90.30 for 3 months supply \$160.80	\$300* per person per calendar year	\$144.50 \$57.90 \$122.40 \$72.20 for 3 months supply \$128.60	\$250* per person per calendar year	\$111.90	\$180* per person per calendar year	\$136.80	\$220* per person per calendar year	\$111.90	\$180* per person per calendar year	\$111.90	\$180* per person per calendar year	No cover	No cover
		\$240* per person per calendar year *Set benefits for frames and lenses apply		\$200* per person per calendar year *Set benefits for frames and lenses apply		\$150* per person per calendar year *Set benefits for frames and lenses apply		\$180* per person per calendar year *Set benefits for frames and lenses apply		\$150* per person per calendar year *Set benefits for frames and lenses apply		\$150* per person per calendar year *Set benefits for frames and lenses apply		
Pharmacy Covers selected items. You pay an amount and we refund the remaining balance, per script, up to:	\$38.00 per script item	\$600	\$35.00 per script item	\$500	No cover	No cover	\$35.00 per script item	Yr1 \$300 Yr2 \$360 Yr3 \$420 Yr4 \$480 Yr5 \$540 Yr6+ \$600	No cover	No cover	No cover	No cover	No cover	No cover
Dietary	You are covered for this service. Call us on 13 15 91 for benefits.				No cover	No cover	No cover	No cover	No cover	No cover	No cover	No cover	You are covered for this service. Call us on 13 15 91 for benefits.	
Psychology					No cover	No cover	No cover	No cover	No cover	No cover	No cover	No cover	No cover	No cover
Podiatry					No cover	No cover	No cover	No cover	No cover	No cover	No cover	No cover	You are covered for this service. Call us on 13 15 91 for benefits.	

For more information or a quote:

- › Call **13 15 91**
- › Visit **anzhealth.com.au**
- › Write to PO Box 14639, Melbourne VIC 3001
- › Email **anzhealth@bupa.com.au**
- › Fax **1800 354 563**

For claims:

- › Fax **1800 810 087**
- › Write to **PO Box 990, Adelaide SA 5001**

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