

## Private Health Information Statement - Hospital policy

### Basic Hospital Plus Elevate \$750/\$1500 Excess

#### HBF Health Limited

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133 423

#### Monthly Premium

**\$233.56<sup>#</sup>**

(before any rebate, loading or discount)

Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult)

Available in Tasmania

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

This policy covers children, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover - check with your insurer for details.

This policy does not provide benefits for travel or accommodation (outside of hospital).

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

### This policy ✓ includes cover for

|                                                           |                              |                                            |
|-----------------------------------------------------------|------------------------------|--------------------------------------------|
| ✓ Blood                                                   | ✓ Gastrointestinal endoscopy | ✓ Miscarriage and termination of pregnancy |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                | ✓ Skin                                     |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Hernia and appendix        | ✓ Tonsils, adenoids and grommets           |
| ✓ Dental surgery                                          | ✓ Joint reconstructions      | R Hospital psychiatric services            |
| ✓ Digestive system                                        | ✓ Kidney and bladder         | R Palliative care                          |
| ✓ Ear, nose and throat                                    | ✓ Male reproductive system   | R Rehabilitation                           |

### This policy ✗ does not include cover for

|                                                 |                                   |                                                                                     |
|-------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✗ Assisted reproductive services                | ✗ Eye (not cataracts)             | ✗ Pain management with device                                                       |
| ✗ Back, neck and spine                          | ✗ Heart and vascular system       | ✗ Plastic and reconstructive surgery (medically necessary)                          |
| ✗ Brain and nervous system                      | ✗ Implantation of hearing devices | ✗ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits) |
| ✗ Breast surgery (medically necessary)          | ✗ Insulin pumps                   | ✗ Pregnancy and birth                                                               |
| ✗ Cataracts                                     | ✗ Joint replacements              | ✗ Sleep studies                                                                     |
| ✗ Diabetes management (excluding insulin pumps) | ✗ Lung and chest                  | ✗ Weight loss surgery                                                               |
| ✗ Dialysis for chronic kidney failure           | ✗ Pain management                 |                                                                                     |

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

[The following payments may also apply for hospital admissions](#)

**Excess:** You will have to pay an excess of \$750 per admission. This is limited to a maximum of \$750 per person and \$750 per policy per year.

Excess payments do not apply to hospital admissions for dependants.

**Co-payments:** No co-payments

[The following waiting periods for hospital admissions apply to new or upgrading members](#)

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

[Gap Cover](#)

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

[Other features of this hospital cover](#)

Basic Hospital Plus Elevate provides private room coverage (subject to availability) for agreed services at an HBF Member Plus Hospital and there is no excess payable for any dependent children on a family policy.

## Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

For further information about this policy see

<http://www.hbf.com.au/health-insurance/ambulance-cover.html>

[Disclaimer](#)

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.