

## Private Health Information Statement - Hospital policy

### Bronze Hospital Plus \$250/\$500 Excess & Ambulance Care

#### HBF Health Limited

http://hbf.com.au  
memberservices@hbf.com.au  
133 423

#### Monthly Premium

**\$428.58<sup>#</sup>**

(before any rebate, loading or discount)

Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)

Available in Tasmania  
Closed to new members

<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 does not provide accident cover or benefits for travel and 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

|   |  |  |
|---|--|--|
| ✓ Back, neck and spine                                    | ✓ Eye (not cataracts)                      | ✓ Pain management with device                              |
| ✓ Blood   | ✓ Gastrointestinal endoscopy               | ✓ Palliative care  |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                              | ✓ Plastic and reconstructive surgery (medically necessary) |
| ✓ Brain and nervous system                                | ✓ Hernia and appendix                      | ✓ Skin   |
| ✓ Breast surgery (medically necessary)                    | ✓ Joint reconstructions                    | ✓ Sleep studies  |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Kidney and bladder                       | ✓ Tonsils, adenoids and grommets                           |
| ✓ Dental surgery  | ✓ Lung and chest                           | R Hospital psychiatric services                            |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Male reproductive system                 | R Rehabilitation   |
| ✓ Digestive system  | ✓ Miscarriage and termination of pregnancy |  |
| ✓ Ear, nose and throat                                    | ✓ Pain management                          |  |

This policy ✗ does not include cover for

|                                       |                                   |                       |
|---------------------------------------|-----------------------------------|-----------------------|
| ✗ Assisted reproductive services      | ✗ Implantation of hearing devices | ✗ Pregnancy and birth |
| ✗ Cataracts                           | ✗ Insulin pumps                   | ✗ Weight loss surgery |
| ✗ Dialysis for chronic kidney failure | ✗ Joint replacements              |                       |

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 \$250 per admission. This is limited to a maximum of \$250 per person and \$500 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

Bronze Hospital Plus 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 Care covers you for the times when you need non-urgent ambulance.

## 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.