

## Private Health Information Statement - Hospital policy

### Silver Hospital \$250/\$500 Excess

#### HBF Health Limited

<http://hbf.com.au>

[memberservices@hbf.com.au](mailto:memberservices@hbf.com.au)

133 423

#### Monthly Premium

**\$204.92<sup>#</sup>**

(before any rebate, loading or discount)

Covers only one person  
Available in Western Australia

<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.

### 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	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Implantation of hearing devices	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Skin
✓ Dental surgery	✓ Joint reconstructions	✓ Sleep studies
✓ Diabetes management (excluding insulin pumps)	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	R Hospital psychiatric services
✓ Ear, nose and throat	✓ Male reproductive system	R Rehabilitation
✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy	

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Dialysis for chronic kidney failure	✗ Pregnancy and birth
✗ Cataracts	✗ Joint replacements	✗ Weight loss surgery

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 \$250 per policy per year.

**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](#)

Silver Hospital 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. Silver Hospital also provides speech & sound processor replacements. Benefits for speech and sound processor replacements are available on this cover where the replacement is clinically necessary and provided as an outpatient service. Waiting periods and benefit limitations apply. Please refer to your product sheet and /or member guide for more information.

#### [Ambulance cover](#)

In Western Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 7 days.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

#### [Other features of this ambulance cover](#)

Emergency ambulance provides full cover for emergency treatment and urgent ambulance transport (by road) within Australia by a State Government ambulance provider or an HBF approved ambulance provider. Services not covered include air ambulance services, transport between a public hospital to your home and transport not provided in an ambulance.

[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.