



**HBF Health Limited**  
GMF Mid Silver Plus \$300/\$600 Excess

**\$322.24 / month**  
(Before Rebate, Discount & Loading)  
Available in WA

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

Children (0 - 17), non-classified\* dependant (18 - 20), students (21 - 30) and non-students (21 to 30), as well as persons with a disability who qualify as a child, non-classified\* dependant, student and non-student in these age ranges.

\*Non-classified dependant: Non-classified Dependant

A person who meets all of the following criteria:

- a. is aged 18 to 20 (inclusive); and
- b. does not have a partner (a person in a marital or de facto relationship with the Non-classified Dependant)

- This policy exempts you from the Medicare Levy Surcharge.
- This policy does not provide accident cover.
- This policy does not provide benefits for travel or accommodation outside of hospital.

Policy ID: HBF/H15/WBUDN1Y

Source: Private Health Information Statement (PHIS).

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

- |                                                           |                                   |                                                                  |
|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✓ Assisted reproductive services                          | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                       |
| ✓ 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)                    | ✗ Hospital psychiatric services   | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Implantation of hearing devices | ✓ Pregnancy and birth                                            |
| ✓ Dental surgery                                          | ✓ Insulin pumps                   | ✓ Rehabilitation                                                 |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint reconstructions           | ✓ Skin                                                           |
| ✓ Digestive system                                        | ✓ Kidney and bladder              | ✓ Sleep studies                                                  |
| ✓ Ear, nose and throat                                    | ✓ Lung and chest                  | ✓ Tonsils, adenoids and grommets                                 |
|                                                           | ✓ Male reproductive system        |                                                                  |

**This policy does not include cover for**

- |                                       |                       |
|---------------------------------------|-----------------------|
| ✗ Cataracts                           | ✗ Joint replacements  |
| ✗ Dialysis for chronic kidney failure | ✗ 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 on admission. This is limited to a maximum of \$300 per person and \$300 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
- 12 months for pregnancy and birth (obstetrics)
- 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 (<https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder>) lets you find out more about the cost of specialist medical services.

**Other features of this hospital cover**

For agreed services, you are fully covered for accommodation in a private room in an HBF Member Plus hospital or a private room in a public hospital.

## Ambulance cover

In WA this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Non-emergency: Unlimited transport with a waiting period of 1 day.

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

**Other features of this ambulance cover:** Fully covered for emergency treatment and urgent transport (by road) and for non-emergency treatment or ambulance transport (by road) per person per calendar year within Australia by a State Government ambulance provider or an HBF approved ambulance provider. Services not covered include air ambulance services and transport not provided in an ambulance.

**For further information about this policy see:** <http://www.hbf.com.au/health-insurance/ambulance-cover.html>

## Insurer Details



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Call now **133 423**  
Sponsor link

**HBF Health Limited**

<http://hbf.com.au>

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

**133 423**

**Disclaimer:** This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence.

Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/HBF/H15/WBUDN1Y>