

**HBF Health Limited****Basic Hospital Plus Elevate \$750/\$1500 Excess & Ambulance Care****\$234.47 / month**

(Before Rebate, Discount &amp; Loading)

Available in TAS

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 provides accident cover - check with insurer for details.
- This policy does not provide benefits for travel or accommodation outside of hospital.

Policy ID: HBF/H21G/TBVJL1Y

Source: Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

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

**This policy does not include cover for**

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

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 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).

**Other features of this ambulance cover:** Emergency ambulance provides full cover for emergency treatment and urgent ambulance transport (by road) within South Australia and Queensland by a State Government ambulance provider or an HBF approved ambulance provider. Non-emergency ambulance services include transport from home to the hospital and transfers between hospitals. 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>

## Insurer Details



**HBF Health Limited**

Basic Hospital Plus Elevate \$750/\$1500 Excess & Ambulance Care

**\$234.47 / month**

(Before Rebate, Discount & Loading)

Available in TAS

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/H21G/TBVJL1Y>