

**HBF Health Limited****Bronze Hospital Plus \$750/\$1500 Excess & Ambulance Care****\$355.53 / month**

(Before Rebate, Discount &amp; Loading)

Available in SA

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:** Two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults).

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/H4G/SBVMU2Y

Source: Private Health Information Statement (PHIS).

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

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

**This policy does not include cover for**

- |                                       |                                   |                                                                  |
|---------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✗ Assisted reproductive services      | ✗ Implantation of hearing devices | ✗ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✗ Cataracts                           | ✗ Insulin pumps                   | ✗ Pregnancy and birth                                            |
| ✗ Dialysis for chronic kidney failure | ✗ Joint replacements              | ✗ Weight loss surgery                                            |
| ✗ Heart and vascular system           |                                   |                                                                  |

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 \$1500 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**

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

In SA this policy provides:

Emergency: Unlimited with a waiting period of 7 days.

Non-emergency: Unlimited transport with a waiting period of 30 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. 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

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**\$355.53 / month**

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Available in SA

Call now 133 423  
Sponsor link

HBF Health Limited

<http://hbf.com.au>

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

133 423

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Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/HBF/H4G/SBVMU2Y>