

**HBF Health Limited****Prime Package Silver Plus \$500/\$1000 Excess & Ambulance Care****\$574.66 / 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 does not provide accident cover.
- This policy does not provide benefits for travel or accommodation outside of hospital.

Policy ID: HBF/J3M/TBUGB1Y

Source: Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

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

**This policy does not include cover for**

- |                                  |                       |
|----------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Pregnancy and birth |
|----------------------------------|-----------------------|

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 \$500 per admission. This is limited to a maximum of \$500 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 (<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 shared or private room in an HBF Member Plus hospital. Ambulance Care covers you for the times when you need non-urgent ambulance.

HBF members have hundreds of participating optical stores nationally to choose from with access to a range of fully covered glasses. See <http://www.hbf.com.au/health-insurance/find-a-provider>.

Policy ID: HBF/J3M/TBUGB1Y Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

This policy **includes** General treatment (Extras) cover for

Note, for treatments marked with \*: Orthodontics and Implants combined sub-limit of \$2,500. Orthodontic Lifetime Limit \$2,500. Before a benefit is payable on an eligible Pharmacy item, a co-payment amount reasonably determined by HBF is deducted from the cost of each script.

| Treatment & waiting period (months)     |    | Benefit limits per 12 months unless otherwise stated                                                                       | Examples of maximum benefits                                                                                                                                                                            |
|-----------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Blood glucose monitors                | 12 |                                                                                                                            | <ul style="list-style-type: none"> <li>Per monitor: \$200</li> </ul>                                                                                                                                    |
| ✓ Chiropractic                          | 2  | <b>\$1,000 per person</b><br>combined limit for chiropractic, osteopathy & physiotherapy                                   | <ul style="list-style-type: none"> <li>Initial visit: \$37</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                   |
| ✓ Dietetics/dietary advice              | 2  | <b>\$240 per person</b>                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$33</li> <li>Subsequent visit: \$17</li> </ul>                                                                                                   |
| ✓ Endodontic                            | 12 | <b>\$3,500 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic<br>sub-limits apply | <ul style="list-style-type: none"> <li>Filling of one root canal: \$150</li> </ul>                                                                                                                      |
| ✓ Eye therapy (orthoptics)              | 2  | <b>\$600 per person</b><br>combined limit for eye therapy (orthoptics), occupational therapy & speech therapy              | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$45</li> </ul>                                                                                                   |
| ✓ General dental                        | 2  | <b>\$3,500 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic                     | <ul style="list-style-type: none"> <li>Fluoride treatment: \$21.25</li> <li>Scale &amp; clean: \$83.3</li> <li>Surgical tooth extraction: \$132.3</li> <li>Periodic oral examination: \$42.5</li> </ul> |
| ✓ Health management / Healthy lifestyle | 2  | <b>\$250 per person</b><br>sub-limits apply                                                                                | <ul style="list-style-type: none"> <li>Health management: 70% of charge</li> </ul>                                                                                                                      |
| ✓ Hearing aids                          | 12 | <b>\$1000 per person every 3 calendar years</b>                                                                            | <ul style="list-style-type: none"> <li>Hearing aid: 100% of charge</li> </ul>                                                                                                                           |
| ✓ Major dental                          | 12 | <b>\$3,500 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic<br>sub-limits apply | <ul style="list-style-type: none"> <li>Full crown veneered: \$780</li> </ul>                                                                                                                            |
| ✓ Non PBS pharmaceuticals*              | 2  | <b>\$200 per person</b>                                                                                                    | <ul style="list-style-type: none"> <li>Per eligible prescription: \$200</li> </ul>                                                                                                                      |
| ✓ Occupational therapy                  | 2  | <b>\$600 per person</b><br>combined limit for eye therapy (orthoptics), occupational therapy & speech therapy              | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$25</li> </ul>                                                                                                   |
| ✓ Optical                               | 2  | <b>\$204 per person</b><br>sub-limits apply                                                                                | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$160</li> <li>Single vision lenses &amp; frames: \$120</li> </ul>                                                              |

|                                         |    |                                                                                                                            |                                                                                                                                          |
|-----------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Orthodontic*</b>                   | 12 | <b>\$3,500 per person</b><br>combined limit for endodontic, general dental, major dental & orthodontic<br>sub-limits apply | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$2500</li> </ul> |
| ✓ <b>Orthotics (podiatric orthoses)</b> | 12 | <b>\$240 per person</b>                                                                                                    | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: \$240</li> </ul>                                                      |
| ✓ <b>Osteopathy</b>                     | 2  | <b>\$1,000 per person</b><br>combined limit for chiropractic, osteopathy & physiotherapy                                   | <ul style="list-style-type: none"> <li>Initial visit: \$37</li> <li>Subsequent visit: \$30</li> </ul>                                    |
| ✓ <b>Physiotherapy</b>                  | 2  | <b>\$1,000 per person</b><br>combined limit for chiropractic, osteopathy & physiotherapy                                   | <ul style="list-style-type: none"> <li>Initial visit: \$37</li> <li>Subsequent visit: \$30</li> </ul>                                    |
| ✓ <b>Podiatry</b>                       | 2  |                                                                                                                            | <ul style="list-style-type: none"> <li>Initial visit: \$26</li> <li>Subsequent visit: \$20</li> </ul>                                    |
| ✓ <b>Psychology</b>                     | 2  | <b>\$720 per person</b>                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$44</li> <li>Subsequent visit: \$44</li> </ul>                                    |
| ✓ <b>Speech therapy</b>                 | 2  | <b>\$600 per person</b><br>combined limit for eye therapy (orthoptics), occupational therapy & speech therapy              | <ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$40</li> </ul>                                    |

Prime Package Silver Plus also includes cover for: CLINICAL PSYCHOLOGY (waiting period 2 months, \$79 initial visit and \$44 subsequent visit up to \$720 combined with Psychology per person); AIDS TO RECOVERY EQUIPMENT (waiting period 2 months, \$50 per person); NON-SURGICALLY IMPLANTED APPLIANCES (waiting period 12 months, benefits vary depending on appliance up to \$500 per person, sub-limits apply); NEBULISER (waiting period 12 months, \$108 per person up to 1 appliance every 3 years. \*\*Note: Health Management/Healthy Lifestyle – initial visit for Strength for Life is \$35 up to combined limit listed.

**This policy **does not include** General treatment (Extras) cover for**

- |                                 |                       |                    |
|---------------------------------|-----------------------|--------------------|
| ✗ Acupuncture                   | ✗ Chinese medicine    | ✗ Remedial massage |
| ✗ Ante-natal/Post-natal classes | ✗ Exercise physiology | ✗ Vaccinations     |
| ✗ Audiology                     | ✗ Home nursing        |                    |

## 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>

## Insurer Details



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**\$574.66 / month**

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Call now  133 423 Sponsor link

**HBF Health Limited**

 <http://hbf.com.au>

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