

twin pack cover



policy details for your combined hospital and essentials cover



What is an HBF Twin Pack?

An HBF Twin Pack offers a combination of Hospital and Essentials cover. This means you are not only covered for a stay in hospital, but also for a range of everyday health services that may not necessarily be covered by Medicare, such as optical and dental treatment. Each of the three HBF Twin Pack options have been specially designed to suit typical health needs at different stages in your life.

Young Singles Saver Twin Pack.

Smart Saver Twin Pack.

55Plus Twin Pack.

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Twin Pack Hospital summary

HBF Twin Pack Hospital benefit checklist	Young Singles Saver Twin Pack [^]	Smart Saver Twin Pack	55Plus Twin Pack
Substantial cover towards a single room in an HBF Participating Hospital [†]	X	X	✓
Substantial cover for a single room for maternity patients in an HBF Participating Hospital [†]	X	✓	X
Fully covered for a shared room in an HBF Participating Hospital [†]	✓	✓	✓
HBF Medical Gap cover	✓	✓	✓
Hospital excess	✓	✓	X
Joint replacement surgery	X	✓*	✓
Heart procedures	X	✓*	✓
Cataract and eye lens procedures	X	✓*	✓
Psychiatric care	✓*	✓*	✓
Maternity and birth-related services	X	✓	X
Assisted reproductive services (including IVF)	X	✓	X
Rehabilitation	✓**	✓**	✓
Theatre fees [∞]	✓	✓	✓

Waiting periods apply. No benefit is payable for hospital treatment where a Medicare benefit is not payable (except certain dental and podiatry surgery where HBF will pay a benefit for accommodation and hospital costs). ** Benefits for rehabilitation services related to restricted or excluded procedures will be limited. [^] Only available for singles or couples. [†] For more information on HBF Participating Hospitals please refer to page 5. [∞] No benefit for procedures that are restricted or excluded on your level of cover.

* Please note: Limited hospital benefits apply similar to the cost of a shared room in a public hospital. Significant out-of-pocket costs may be incurred.

MAKING YOUR TWIN PACK CLAIM

Before you are eligible to claim

Once you are an HBF Twin Pack member, there are waiting periods that apply before you can receive benefits. These waiting periods also apply when transferring to a product that may have higher benefits, although benefits are still payable at your previous level of cover, given you have served your waiting periods at that level. If you're switching to HBF from another health insurer to an equivalent product you will not be required to re-serve waiting periods that you have already served with your previous insurer. If you've already used some or all of your annual Essentials benefits with your former fund, we'll need to adjust the balance of your Essentials benefits to reflect this. Please note that moving from a level of cover with an excess to a level of cover without an excess will incur waiting periods, during which time the excess remains payable.

Pre-existing ailments or conditions

This is an illness or condition which, in the opinion of an independent Medical Practitioner (appointed by HBF), was known to exist, or where signs or symptoms were evident during the six month period before you became an HBF member or transferred to a product that may have higher benefits. If you proceed with a hospital admission without confirming what benefits you're eligible for and your condition is determined to be pre-existing, you will be required to pay all outstanding hospital and medical charges for your new or higher level of cover, not covered by Medicare.

Waiting periods

Pre-existing ailments or conditions[^] 12 month waiting period	
Maternity and birth related services 12 month waiting period	
Other hospital treatments 2 month waiting period	Including surgical.
Essentials Refer to Essentials service waiting periods (pages 11-20)	
Urgent Ambulance 7 day waiting period	Cover for urgent ambulance transport.

Optional Cover

Ambulance Plus 30 day waiting period	Cover for elective ambulance services.
GapSaver Pre-existing ailments or conditions [^] . 12 month waiting period Maternity 12 month waiting period Other hospital treatments 2 month waiting period Essentials Refer to Essentials service waiting periods (pages 11-20) Wellness 2 month waiting period	A small additional premium lets you build a safety net of benefits that you can use to pay some out of pocket costs for eligible hospital stays, Essentials services and Wellness services.
Wellness 2 months	

[^] Does not apply for psychiatric, rehabilitation and palliative care.

Obtaining a health benefit quote

Before receiving any treatment please contact HBF to confirm if you will receive any entitlement. If a high cost treatment is proposed, it's always best to get an itemised quote from your provider. Once you obtain a quote and contact HBF, we can then give you a health benefit quote which will tell you how much you are covered for. This way, you'll know exactly what your out of pocket expenses might be for the proposed treatment before it begins.

Please note that benefit quotes are valid for three months and are subject to change if treatment is not received or changes to treatment are made in that time.

Making your claim

HBF members can claim electronically at many health service providers. This means you can receive your benefit on the spot for services like dental and optical and you only need to pay for any out of pocket cost you may incur. E-claiming is available for most services at dental, optical, physiotherapy, chiropractic, podiatry, dietetics, occupational therapy and osteopathy providers who are e-claiming service providers and approved by HBF. This means you don't need to fill out any forms or wait to receive your benefit as long as you present your HBF member card to the provider on the date of treatment. To find out if your provider is a registered e-claiming service provider visit www.hicaps.com.au or contact your provider.

Manual Claiming

If your provider doesn't have e-claiming, you can still claim manually at any HBF branch by simply presenting your account and HBF member card. Alternatively, you can also download a claim form online at hbf.com.au, or simply call an HBF Member Service Advisor on 133 423 and we'll post a claim form that day. If you have already settled your account, your payment can be reimbursed via cash (limits apply), cheque or direct credit. Please note that cash reimbursements can only be claimed in person at an HBF branch. If your account hasn't been paid, your claim will be paid in favour of the provider.

TWIN PACK HOSPITAL INFORMATION

HBF Participating Hospitals

HBF Participating Hospitals are hospitals with which HBF has negotiated special agreements that provide greater value for our members. These agreements ensure that when you need hospital treatment, you will be covered for accommodation and theatre fees, less any co-payment or agreed excess. Please remember, all benefits are subject to any restrictions or exclusions on your chosen level of cover. If you visit an HBF non-Participating Hospital you may incur a significant out of pocket expense. Before you arrange a hospital stay we urge you to call one of our Member Service Advisors on 133 423 or visit hbf.com.au to find out if you are being admitted into an HBF Participating Hospital.

HBF Twin Pack Hospital excess

If you require a hospital stay, your benefit is reduced by the excess. The excess is paid once per member per calendar year (to a maximum of twice per family policy) no matter how many times you may be hospitalised. And if your hospital stay is only for a day procedure and you don't stay overnight, you won't pay any excess at all.

Hospital excess maximum payable:

	Maximum excess payable per calendar year	
	Single	Couple/ Family
Young Singles Saver Twin Pack	\$100	\$200
Smart Saver Twin Pack	\$100	\$200
55Plus Twin Pack	Nil Excess	Nil Excess

Please note the excess is payable in addition to any accommodation and theatre co-payments that may apply. If you have Smart Saver Twin Pack you won't be required to pay an excess for any dependant children on your family policy.

HBF GapSaver

GapSaver can be added to your Twin Pack policy to let you build up benefits to help cover out-of-pocket expenses on things like medical gaps when you're in hospital and for Essentials and Wellness services.

A small premium provides a benefit that accumulates year after year. The benefit can be used to pay most medical gaps during an eligible hospital stay (including excess, hospital and theatre co-payments). It can also be used to pay for out-of-pocket costs for both in and out of hospital Essentials services and Wellness services.

There are two options providing different annual benefits.

GapSaver benefit options per membership per year:

GapSaver Level	Single policy (yearly accrual)	Family policy (yearly accrual)
GapSaver Level 1	\$ 100	\$ 200
GapSaver Level 2	\$ 200	\$ 400

GapSaver benefits are accrued to your membership quarterly, with the balance accumulating year after year until you claim it. It's important to note that if you cancel your GapSaver cover, any accrued benefit will be available for as long as you remain an HBF member, otherwise the benefit is not available or refundable.

GapSaver can't be used towards costs incurred after maximums have been reached or for services not covered on your policy.

Receive GapSaver benefits automatically when you claim

You can opt-in to receive GapSaver benefits automatically. This means your GapSaver accrual would be automatically paid towards any eligible out-of-pocket costs. You can continue to claim GapSaver manually if you would prefer this option. This simply means when you claim at an HBF branch or send in a claim form, all you need to do is let us know by completing the relevant section on the claim form.

Opt-in now to automatically claim GapSaver

If you want to opt-in to allow your GapSaver benefits to be automatically paid towards any eligible out-of-pocket costs for either Hospital or Essentials all you need to do is:

- Login to My HBF at hbf.com.au and click on Manage My Policy; or
- Call 133 423; or
- Visit your nearest branch.

Waiting periods

The same waiting periods apply for GapSaver benefits as for normal Hospital and Essentials benefits. For example, if you join a hospital product with maternity cover there is a 12 month waiting period for maternity. If you later add GapSaver, you will need to wait 12 months from that date to use any GapSaver benefits for maternity treatment. If you choose to upgrade your level of GapSaver cover (from \$100 accrual per year to \$200 accrual per year for a single policy), you need to serve the relevant waiting periods again before being able to access the increased accrual.

Pre-operative information

Before a hospital stay, contact HBF and we'll send you our 'Your Hospital Stay' brochure. This contains information designed to help alleviate some of the concerns you may have, by answering many common questions.

These include:

- What will Medicare cover?
- What will my HBF Health membership cover?
- Will there be anything I need to pay for?
- How will I make a claim?

TWIN PACK HOSPITAL BENEFITS

When you are admitted into hospital, there are a range of services you may receive which HBF will pay a benefit towards.

Medical benefits	Includes the fees charged by your surgeon, anaesthetist and pathologist.
Accommodation benefits	Includes the fees charged for your room in a private or public hospital.
Theatre and labour ward benefits	Includes the fees charged for the theatre in which your procedure was performed.
Pharmacy benefits	Includes the fees for some of the pharmaceuticals administered during your hospital stay.
Prostheses	Includes the fees charged for any prostheses used during your procedure.

Depending on your type of HBF Twin Pack cover, you may be required to contribute to a portion of the fees charged. This may be a pre-determined payment (known as a co-payment) and/or you may be required to settle the balance between the fee charged and the benefit paid by HBF. This is known as a 'gap' or 'out of pocket' expense.

The following provides more details of the benefits to which you may be entitled during your hospital stay.

Medical Gap benefits

HBF has a scheme called HBF Medical Gap Cover that could either eliminate or substantially reduce your medical out of pocket expenses for in-hospital treatment provided by a wide range of medical practitioners in Western Australia.

This includes, for example, the fees charged by your surgeon, anaesthetist and pathologist. The Medical Gap is the difference between the Medicare Benefit Schedule (MBS) fee set by the Federal Government and the amount medical practitioners charge for services provided to private patients admitted to a hospital or day hospital.

Medicare covers 75% of the MBS fee for private in-hospital medical services for Australian residents and HBF pays the remaining 25%.

This means there is no Medical Gap to pay when your medical practitioner charges no more than the MBS fee.

However, many medical practitioners do charge more than the MBS fee. It is this amount above the MBS fee that is known as the Medical Gap.

Medical Gap Doctors fall into three categories

1. Fully covered — no out of pocket expense.
2. Known gap option – there may be an out of pocket expense.
3. No agreement with HBF — there will be an out of pocket expense.

When does HBF's Medical Gap cover apply?

HBF's Medical Gap cover applies for treatment provided when you are admitted into a hospital or day hospital.

However, limitations and exclusions do apply for some plastic and reconstructive surgery items and for treatment that is specifically excluded from your level of cover.

It is important to note that HBF is unable to pay benefits for medical fees charged for services provided out of hospital, such as consultations in medical practitioner's rooms.

In certain cases, such as maternity, you may have substantial out of pocket expenses for visits to your medical practitioner, both before and after hospitalisation. These out of pocket expenses arise when the medical practitioner charges fees that are higher than the benefit Medicare will pay for out of hospital services. (The amount Medicare will pay for out of hospital services is 85% of the fee listed in the MBS.)

How do I find out if I am covered for the Medical Gap?

Before you arrange a hospital stay, we strongly recommend you call us to find out if you are being admitted into an HBF Participating Hospital and/or your medical practitioners are participating in HBF's Medical Gap Arrangements. Simply call us on 133 423 or visit our website at hbf.com.au

What do I do when I receive my medical account?

If your doctor has an agreement with HBF, they should send your in-patient medical account directly to us. If they send the account to you, please forward it to HBF. If your doctor is only covered to the MBS or if you have paid all or part of your account, please send the account to Medicare first and then send the Medicare statement to HBF.

Accommodation benefits

When you go into hospital, regardless of whether you have a procedure or not, you will in most cases be charged for a hospital room. Depending on your type of HBF Twin Pack cover, you may be required to pay a co-payment.

Hospital room co-payments

55Plus Twin Pack members staying in a single room in an HBF Participating Hospital may be required to contribute to the cost of a single room for up to six days of a hospital stay, after which the accommodation fee is 100% covered. All Twin Pack members staying in a shared room in an HBF Participating Hospital are fully covered.

Hospital room co-payments — maternity

For Smart Saver Twin Pack members who are maternity patients, accommodation fees are 100% covered for the first three days of a stay in a single room in an HBF Participating Hospital (less hospital excess). After this time, the member may be required to contribute towards the cost of the next six days if the member chooses to stay in a single room.

Theatre and labour ward fees

HBF provides 100% cover for theatre and labour ward costs charged by HBF Participating Hospitals, with only a few exceptions, depending on your type of cover. Public hospitals do not charge theatre fees. Please note that there will be out of pocket expenses for procedures being performed using robotics.

55Plus Twin Pack

HBF provides theatre cover in HBF Participating Hospitals. This excludes maternity and assisted reproductive services (including IVF), where no theatre benefit is payable by HBF. A co-payment of \$50 is payable in some hospitals for endoscopy procedures such as colonoscopies and gastroscopies.

Smart Saver Twin Pack

HBF provides 100% theatre and labour ward cover in HBF Participating Hospitals, excluding joint replacement, heart procedures, cataract and eye lens procedures and psychiatric where no theatre benefit is payable by HBF.

Young Singles Saver Twin Pack

HBF provides 100% theatre cover in HBF Participating Hospitals, excluding joint replacement, heart procedures, cataract and eye lens procedures, psychiatric, maternity, IVF and other assisted reproductive services, where no theatre benefit is payable by HBF.

Pharmacy benefits

When you are admitted into hospital for a procedure, it is more than likely that pharmaceuticals will be administered. The Government subsidises the cost of some pharmaceuticals under the Pharmaceutical Benefits Scheme (PBS).

HBF will pay a benefit towards the cost of non-PBS prescription pharmaceuticals administered during a hospital stay. This benefit is limited to \$1400 per hospital episode, with a co-payment of \$100. The number of patient episodes payable per year is unlimited, however re-admissions within 7 days may be considered continuous and therefore one limit applies to both.

Prostheses benefits

Prostheses are the surgically implanted devices you may need if you have a procedure. There are many types of prostheses that are required during surgery. Some of the most common procedures needing prostheses are joint replacements, cataract surgery and some heart procedures.

Am I covered for prostheses?

HBF Twin Packs entitle you to a benefit for prostheses as long as you are admitted to hospital for the procedure and the item is listed on the government Prosthesis List. No benefit is payable for prostheses implanted during a procedure that is specifically excluded from your level of cover or if your procedure doesn't have an MBS item number. Most prostheses are fully covered, however there are some prostheses that may attract an out of pocket expense. We suggest you discuss the choice of prosthesis with your medical practitioner.

How do I find out if I am fully covered for my prosthesis?

It is important to talk to your medical practitioner to find out whether a prosthesis will be used during your procedure. Once you have confirmed this, you will need to know the item number and charge for the prosthesis you need and the item number of the procedure you will be having. When you have this information, simply contact HBF.

ADDITIONAL TWIN PACK HOSPITAL INFORMATION

HBF pays a benefit on a range of additional hospital services, depending on your product. For full details please call an HBF Member Service Advisor on 133 423.

Maternity

Midwife and lactation consultant benefits

HBF covers some midwife and lactation consultant visits provided by the discharging private hospital after new mothers return home. These visits are subject to hospital resources and availability.

Newborn babies

Newborn babies are not considered to be patients in a hospital for the first nine days, unless they are admitted to a special care facility, or the baby is part of a multiple birth. You may be required to contribute to the cost of your baby's treatment in a special care facility for the first six days of their stay in most hospitals.

Hospital boarders

HBF will fully cover the charge for a hospital boarder whose presence is integral to the management of the patient's condition.

Long stay patients

After 35 days of continuous hospitalisation (and if you no longer need acute care) the hospital must classify you as a nursing home type patient. If this happens, HBF only pays a small portion of the fee per day and you are required to contribute towards the cost of your care. If you are in a private hospital these costs may be quite substantial.

Psychiatric treatment

HBF will pay psychiatric benefits for treatment in Participating Hospitals with approved programs. However, this is not usually 100% covered.

Rehabilitation

Benefits for rehabilitation services related to procedures that are restricted or excluded on your level of cover will be limited. For rehabilitation for procedures that are not restricted or excluded on your level of cover, rehabilitation related benefits will be paid as per normal accommodation rules.

AMBULANCE PLUS

HBF Twin Pack members can also take out Ambulance Plus. This provides cover for elective ambulance services, including cover towards pre-booked and non-urgent ambulance care. Benefits are capped at \$3000 per person per year. Please be aware that if you are an Aged Pensioner you may not need Ambulance Plus cover due to the WA State Government's provision of free ambulance services.

TWIN PACK ESSENTIALS BENEFITS

HBF provides benefits for a wide range of day-to-day Essentials services that may not be covered by Medicare.

Annual maximums

As an HBF member, most Essentials entitlements and maximums are based on the length of your membership and the level of your Twin Pack cover. Maximum benefits for treatment and services are calculated and based on calendar years. Please note that maximums cannot be advanced from future years, nor can unused entitlements be carried forward to the following year.

Medically necessary services

Benefits are only payable where treatment is medically necessary.

Approved providers

HBF benefits are paid only for services provided by HBF approved providers who must be registered with their government registration board (where applicable) and who must practise solely and exclusively in private practice, except where HBF decides otherwise. Since not all providers are HBF approved, be sure to ask first. If you need further information, please call an HBF Member Service Advisor on 133 423 or visit hbf.com.au.

Twin Pack Essentials summary

The following tables outline the Essentials benefits HBF covers under each of the three Twin Pack options. This is a summary of benefits available, if you require more detail of benefits under a specific category, please call an HBF Member Service Advisor on 133 423.

Service	Waiting periods
Aid Recovery Equipment	
(Hire/Purchase)	2 months
Appliances	
Charges for most appliances must be at least \$100	12-24 months depending on appliance
Blood glucose monitor	
Nebuliser	
Chiropractic	
Chiropractic x-ray (1 p.p. per calendar yr)	2 months
Initial individual consultation (1 p.p. per calendar yr)	
Subsequent individual consultations	
Dental	
Visit a Participating Dental Provider and receive a 60% or 70% benefit of the Provider's agreed fee and one fully covered scale and clean each calendar year.	
General Dental	
Consultations/examinations	2 months
Scale and clean (1st visit)	
Mouthguard*	
Extractions	
Fillings – Direct	

* A standard mouthguard provided by a dentist.

Note: A single tooth can have more than one service. Dental benefits may be 60% or 70% of the Provider's agreed fee when you visit an HBF Participating Dental Provider depending on your level of cover (refer to page 21 for more information).

Note: This table shows examples of the benefits available for some health services. The number of years in maximum columns refers to the number of years membership on the relevant cover.

p.p. = per person.

Young Singles Saver Twin Pack		Smart Saver Twin Pack		55 Plus Twin Pack	
Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year
Not covered	Not covered	Not covered	Not covered	\$50	\$50
Not covered	Not covered	Not covered	Not covered	Varies depending on appliance	
				\$200	Once every 3 yrs
				\$108	Once every 3 yrs
\$64	\$300 combined maximum for Physiotherapy, Chiropractic, Podiatry and Pharmacy per year Maximum includes x-ray	\$64	\$300 combined maximum for Physiotherapy & Chiropractic Maximum includes x-ray	\$64	Chiropractic & Osteopathy maximums combined \$350 under 1 yr \$400 over 1 & up to 2 yrs \$450 over 2 & up to 3 yrs \$500 over 3 yrs Maximum includes x-ray
\$22		\$22		\$22	
\$17		\$17		\$17	
\$21-\$45	No limit	\$21-\$45	Combined \$500 maximum for General and Major Dental	\$21-\$45	No limit
\$36	No limit	\$36		\$36	No limit
\$44	No limit	\$44		\$44	No limit
\$99	No limit	\$99		\$99	No limit
From \$39	No limit	From \$39		From \$39	No limit

Twin Pack Essentials summary – continued

Service	Waiting periods
Major Dental[∞]	
Veneer – Indirect	12 months
– Direct	
Tooth coloured fillings – Indirect	
Root canal treatment	
Crowns	
Bridges	
Full dentures	
Dietetics	
Initial individual consultation	2 months
Subsequent individual consultations	
Group consultations	
Foot Orthoses	
Podiatry - Foot orthoses (including casting)	12 months
Diagnostic testing & biomechanical evaluation	
Hearing aid	
Hearing Aid	36 months

p.p. = per person.

Depending on treatment required

† Sub limits included in overall maximums.

∞ Maximums are based on length of cover for that service.

Young Singles Saver Twin Pack		Smart Saver Twin Pack		55 Plus Twin Pack	
Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year
Not covered	Not covered	\$208	2 bondings [†]	\$256	2 bondings [†]
		\$64	2 bondings [†]	\$69	2 bondings [†]
		From \$150	3 services [†]	From \$202	3 services [†]
		Up to \$183 [#]		Up to \$220 [#]	
		\$408	3 units of crowns/bridges [†]	\$481	3 units of crowns/bridges [†]
		\$324	Combined \$500 maximum for General and Major Dental	\$404	\$600 under 3 yrs \$1,100 over 3 & up to 5 yrs \$1,760 over 5 & up to 10 yrs \$2,200 over 10 yrs
Up to \$490	\$620				
Not covered	Not covered	Not covered	Not covered	\$33	\$240
				\$17	
				\$8	
Not covered	Not covered	Not covered	Not covered	\$240	\$240
				\$60	\$60
Not covered	Not covered	Not covered	Not covered	\$550 over 3 & up to 5 yrs \$600 over 5 & up to 10 yrs \$650 over 10 yrs	One p.p. per 5 yrs under 15 yrs One p.p. per 3 yrs over 15 yrs

Twin Pack Essentials summary — continued

Service	Waiting periods
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Occupational Therapy

Initial individual consultation	2 months
Other individual consultations less than 30 mins	
Other individual consultations 30 mins or more	
Group consultations	

Optical

Fully covered frames - A minimum of 30% of all frames at a Participating Optical store are fully covered.^o

Partially covered frames - Choose a frame that is not fully covered and receive a minimum 20% discount from the

Frames & single vision lenses	2 months
Frames & bi-focal lenses	
Frames & tri-focal/progressive lenses	
Lenses only - Use your frame and lens benefit on lenses only if you don't need to purchase new frames	
Contact lenses or frequently replaced lenses	

Osteopathy

Initial individual consultation (1 p.p. per calendar yr)	2 months
Subsequent individual consultations	

p.p. = per person.

^o Will be fully covered when the glasses are purchased from any HBF Participating Optical store and the frames are fitted with hard coated or uncoated standard single vision, bi-focal or multi-focal/progressive lenses.

[†] A minimum 20% discount also applies to all other non-standard lenses, plus any add-ons (refer to page 21 for more information).

Please note: Not all lens prescriptions and supplementary services may be eligible to be charged at no cost.

Young Singles Saver Twin Pack		Smart Saver Twin Pack		55 Plus Twin Pack	
Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year
Not covered	Not covered	Not covered	Not covered	\$36 \$20 \$32 \$8	Occupational Therapy and Speech Therapy maximums combined \$500 under 3 yrs \$800 over 3 yrs

Participating Optical store plus your benefit from HBF as listed below.†

\$90	1 pair of glasses or 1 set of contact lenses (or up to \$140 for frequent replacement/disposable lenses per year)	\$90	1 pair of glasses or 1 set of contact lenses (or up to \$140 for frequent replacement/disposable lenses per year)	\$90	1 pair of glasses \$66 sub limit for frames when purchased without lenses
\$120		\$120		\$120	
\$160		\$160		\$160	
See benefits above	\$66 sub limit for frames when purchased without lenses	See benefits above	\$66 sub limit for frames when purchased without lenses		
\$140		\$140		Not covered	Not covered

Not covered	Not covered	Not covered	Not covered	\$27 \$21	Chiropractic & Osteopathy maximums combined \$350 under 1 yr \$400 over 1 & up to 2 yrs \$450 over 2 & up to 3 yrs \$500 over 3 yrs
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Twin Pack Essentials summary – continued

Service	Waiting periods
Pharmacy	
For pharmaceuticals listed on the HBF Pharmacy Benefit Schedule	2 months
Physiotherapy	
Initial individual consultation (1 p.p. per calendar yr)	2 months
Subsequent individual consultations	
Group consultations	
Individual consultations by a specialised physiotherapist for continence and women's health [#] (3 p.p. per calendar yr†)	
Individual consultations by a specialised physiotherapist for lymphoedema management [#] (3 p.p. per calendar yr†)	
Podiatry	
Initial consultation (clinic based)	2 months
Brief consultations (10 minutes – clinic based)	
Intermediate consultations (20 minutes – clinic based)	
Comprehensive consultations (30 minutes – clinic based)	

p.p. = per person.

* Benefit only paid up to HBF Pharmacy Benefit Schedule.

Benefits only payable for services provided by providers that are approved by HBF as a Specialised Physiotherapist

† Forms part of the overall physiotherapy maximum.

Young Singles Saver Twin Pack		Smart Saver Twin Pack		55 Plus Twin Pack	
Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year
Cost of medicine less member co-payment*	\$300 combined maximum for Physiotherapy, Chiropractic, Podiatry and Pharmacy per year	Cost of medicine less member co-payment*	\$300	Cost of medicine less member co-payment*	\$200 under 3 yrs \$300 over 3 yrs
\$27	\$300 combined maximum for Physiotherapy, Chiropractic, Podiatry and Pharmacy per year	\$27	\$300 combined maximum for Physiotherapy & Chiropractic	\$37	\$500 under 1 yr \$600 over 1 & up to 2 yrs \$700 over 2 & up to 3 yrs \$800 over 3 yrs
\$21		\$21		\$30	
\$8		\$8		\$8	
\$48		\$48		\$56	
\$48		\$48		\$56	
\$26	\$300 combined maximum for Physiotherapy, Chiropractic, Podiatry and Pharmacy per year Maximums excludes Foot Orthoses	\$26	\$200 maximum for Podiatry Maximum excludes Foot Orthoses	\$26	12 consultations
\$14		\$14		\$14	
\$20		\$20		\$20	
\$24		\$24		\$24	

Twin Pack Essentials summary – continued

Service	Waiting periods
Speech Therapy	
Initial individual consultation	2 months
– Short	
– Long	
Subsequent individual consultation	
– up to 30 minutes	
– 30 up to 60 minutes	
– 60 minutes and over	
Group consultations	
Urgent Ambulance*	
Urgent Ambulance	7 days

p.p. = per person.

* Urgent ambulance transport covers circumstances classified by St John Ambulance as requiring urgent attention.

Young Singles Saver Twin Pack		Smart Saver Twin Pack		55 Plus Twin Pack	
Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year	Benefits up to	Maximums p.p. per calendar year
Not covered	Not covered	Not covered	Not covered		Maximum for Occupational Therapy & Speech Therapy combined \$500 under 3 yrs \$800 over 3 yrs
				\$59	
				\$74	
				\$22	
				\$32	
				\$44	
	\$8				
Cover for urgent ambulance transport.	No limit	Cover for urgent ambulance transport.	No limit	Cover for urgent ambulance transport.	No limit

ADDITIONAL TWIN PACK ESSENTIALS INFORMATION

Aid recovery equipment hire/purchase

HBF will pay a benefit for 55Plus Twin Pack members (up to \$50 per person per calendar year) for the hire or purchase of Aid Recovery equipment for example:

bath board; shower chair; bed rail; blood pressure kit; and crutches.

Dental

You will be entitled to a benefit for medically necessary dental services provided by an HBF approved Dentist. Benefits are also paid for medically necessary services provided by an HBF approved Dental Prosthetist.

HBF Participating Dental Providers

By attending an HBF Participating Dental Provider, you can receive even more benefit back. Depending on the level of Twin Pack cover you choose, this can be either 60% or 70% benefit back of the Provider's agreed fee up to your maximum, as well as a fully covered scale and clean each calendar year. To find out if your dental practitioner is an HBF Participating Provider, please visit hbf.com.au or phone 133 423.

Essentials Service	Member Benefit
55 Plus Twin Pack (Major Dental)	70% of the Provider's agreed fee
55 Plus Twin Pack (General Dental) Young Singles Saver Twin Pack Smart Saver Twin Pack	60% of the Provider's agreed fee

General Dental

General dental includes the following routine dental care: regular check-ups, consultations, extractions, simple fillings, x-rays and mouthguards. Benefits are only paid for medically necessary bleaching procedures undertaken in the surgery. Benefits are not paid for any home bleaching treatments.

Major Dental (not including orthodontics and implants)

This category includes more extensive treatments, such as dentures, crowns, bridges and other restorative services.

Dental benefit restrictions

The benefit on some dental items may be restricted if performed in conjunction with other specific dental services, or if a service is received more than once in a specified period of time.

HBF Participating Optical stores

For more value when choosing frames, visit an HBF Participating Optical store and a minimum of 30% of the range will be fully covered. The fully covered range covers all lens types including single vision, bifocal, multi focal and progressive lenses.

If you choose a frame that is not fully covered (i.e. designer frames) you will receive a minimum 20% discount on most frames, lenses and extras, such as tinting from the Participating Optical store plus your benefit from HBF. To find your nearest Participating Optical store visit hbf.com.au. When purchasing your glasses or contact lenses (glasses only on a 55+ Twin Pack policy) your HBF benefit is used in the calendar year when you order them not when collected.

Pharmaceutical

HBF pays a benefit through most Australian pharmacies for therapeutic prescriptions (including repeats) for any medicine or drug listed on the current HBF Pharmacy Benefit Schedule. Benefits are not payable on Government PBS items. All items must be prescribed by a Medical Practitioner and some drugs require a prescription from a specialist Medical Practitioner before a benefit can be paid. Please speak to an HBF Member Service Advisor for more details. You normally pay no more per item than the co-payment specified under the National Health Act. HBF generally pays the balance of the cost, but for some items an additional member out of pocket applies. You will need to show the pharmacist your HBF member card to receive the benefit.

Podiatry Surgery

When podiatry surgery is medically necessary, you may be entitled to a benefit for fees charged by a podiatrist approved by HBF. Since Medicare does not pay a benefit for anaesthetic services for podiatry surgery, we are unable to pay the normal 25% of the Medicare Benefit Schedule (MBS). However, HBF will pay a benefit of \$50 and this will apply even if the Anaesthetist is an HBF fully covered doctor. Multiple podiatry surgery benefits are reduced for the second and subsequent procedures performed on the same occasion.

Podiatry – Foot Orthoses

HBF pays a benefit for the supply of foot orthoses provided they are medically necessary and custom-made from one of the following providers: Podiatrist, Orthotist, Medical Practitioner, Podorthotist or Surgical Bootmaker approved by HBF.

Urgent Ambulance

HBF provides all Twin Pack members with unlimited cover for urgent ambulance transport. Urgent ambulance transport covers all circumstances classified by St John Ambulance as requiring urgent attention. HBF does not pay any benefit for air ambulance services. Please note: Aged Pensioners may be eligible for the WA State Government provision of free ambulance services.

WELLNESS

HBF Wellness cover can be added to your existing Twin Pack product. Wellness provides benefits for a wide range of preventative health services including yoga or pilates programs, nicotine replacement therapy, remedial massage and more.

WELLNESS INFORMATION

The health services covered by Wellness are detailed on the following tables. As you can see, Wellness benefits are paid based on two Groups. From Group 1, you can continue to claim each service until you reach the individual benefit maximum for that service, in any calendar year. From Group 2, you can also choose to claim up to a maximum of \$300 on any of the benefits listed. Please note, however, that individual benefit maximums also apply for services included in this Group. All Wellness services have a two month waiting period before you can claim benefits. Benefits are only payable for services and programs provided by HBF approved providers.

Wellness summary

Group 1: Individual Benefit Maximums			
The health services outlined below have individual benefit maximums, so you can continue to claim each service until you reach the individual benefit maximum for that service in any calendar year.		Benefits up to	Maximums p.p per calendar year
Psychology	Psychologists that have specialised in approved disciplines, such as Clinical, Counselling, Educational & Development Psychology.	\$44 (initial & standard) \$22 (group)	\$450
Exercise Physiology	Exercise Physiologists are providers of exercise interventions for physical rehabilitation; as a strategy for disease prevention; or for establishing & sustaining functional independence.	\$21 (1-6 consultations) \$12 (7+ consultations) \$10 (group)	\$300
Remedial Massage/ Myotherapy	Remedial massage treatment assists in healing parts of the body that have been injured or left inactive due to age, illness or injury.	\$21 (1-6 consultations) \$12 (7+ consultations)	\$200
Nutritionist	Nutritionists provide advice about food choices for a healthy diet using their extensive knowledge of the nutritional value of foods.	\$33 (initial) \$17 (subsequent)	\$200
Travel Vaccinations	Travel vaccinations protect people against disease when travelling. HBF pays benefits for Typhoid, Yellow Fever, Cholera, Meningococcal, Small Pox, Poliomyelitis and Hepatitis A and B.	On receipt	\$100
Nicotine Replacement Therapy	Nicotine Replacement Therapy (NRT) prevents illness by helping members to quit smoking. NRT includes patches, lozenges & gum.	On receipt	\$100
Pilates Programs*	Pilates is an exercise style that involves training your muscles to improve posture and alignment.	\$75 per program	\$150

Group 2:
\$300 Group Benefit Maximum with Individual Benefit Maximums

The health services outlined below have a group benefit maximum of \$300. That means you can claim up to a total of \$300 across all of these services, in any calendar year but individual benefit maximums also apply.		Benefits up to	Maximums p.p per calendar year	Group maximum p.p per calendar year
Reflexology	Reflexology is a therapy based on the principle that reflex areas in the feet, hands and ears relate to the internal organs and other structures of the body.	\$21 per consultation	\$150	\$300
Herbalist Consultation	Herbalists prescribe and prepare natural remedies specific to their client's health profiles using plants and plant parts. Providers of Herbalist consultations may provide Western herbal medicine consultations or Chinese herbal medicine consultations. Herbs not included.	\$25 per consultation	\$100	
Yoga Programs*	Yoga is a system of exercises that help your control of the body and mind. It also improves your breathing and focuses the alignment of your body.	\$75 per program	\$75	
Health Monitoring Equipment	Equipment to monitor health to identify potential illness before it occurs and assist in early preventative strategies being put in place. Inclusions: Bathroom / Body Weight Scales, Cholesterol Monitoring Kit, Blood Pressure Monitor, Pedometers, Heart Monitoring Equipment, Thermometers.	On receipt	\$75	
Preventative Equipment	Preventative equipment prevents injury from occurring when exercising or doing activities designed to improve health. Inclusions: Joint & Back Supports, Braces, Pressure Garments, Aids to Recovery Equipment.	On receipt	\$75	

* A program is a minimum of eight sessions within a three month period.

YOUR QUESTIONS ANSWERED

Understanding your Twin Pack cover can be difficult so below are the answers to some of the most common questions asked by our members. If you have any other queries, please call one of our Member Service Advisors on 133 423.

Why isn't there a no-claim bonus?

The simple answer is, we are legally not allowed to offer one. Under the provisions of the Private Health Insurance Act, health insurers are prohibited from charging a lesser premium based on a person's state of health or history of claiming. This is called 'community rating'. This system aims to ensure that groups with a higher level of claims are not disadvantaged.

Why doesn't HBF pay 100% of the health costs?

If we were to pay 100% of all services, health insurance premiums would increase dramatically. For example, if we were to refund 100% of all dental fees, the approximate cost to HBF would be an additional \$132 million per year. We set our benefits by equitably distributing funds amongst our members. Our objective is to return the highest possible benefit to our members on each item, taking into account the various levels of cover.

Up to what age are my children covered?

Children are covered on their parent's policy up until the end of the year they turn 18, unless they are married or living in a de-facto relationship. Children under 25 who are not married or living in a de-facto relationship and not earning more than \$20,500 p.a taxable income, or who are full time students are also eligible to remain on their parent's policy.

Do I have to use my HBF cover in a public hospital?

As a patient in a public hospital, you can choose to be treated as a private or public patient even if you have private health insurance.

A public patient's accommodation and treatment are provided without charge. However, if you choose to be a public patient you will be treated by a medical practitioner assigned by the hospital. You should also be aware that the allocation of single rooms in public hospitals is decided according to clinical need. As a private patient in a public hospital, you may incur some out of pocket expenses for medical services and/or accommodation.

What if I'm not eligible for Medicare?

If you aren't eligible for Medicare, you will experience large out of pocket hospital and medical costs with HBF Twin Pack cover. You may wish to consider HBF Overseas Visitors cover which provides benefits for services Medicare would normally cover. Please contact us on 133 423 or visit hbf.com.au for more information.

Need cover outside Australia?

We are not legally permitted to pay benefits for treatment or services provided outside Australia, including general treatment such as dental and glasses and any hospital or medical treatment. You may want to consider taking out travel insurance that covers benefits for

emergency treatment received overseas. If you are away for longer than two months you can suspend your Health membership. For more details, please contact an HBF Member Service Advisor on 133 423.

Need cover when you are interstate?

Just because you are out of Western Australia does not mean you have to forego your HBF health cover. As an HBF member, you are covered anywhere in Australia provided you keep your premiums up to date. You can do this by arranging direct debit from your bank or credit card account. You can also pay online at hbf.com.au, by phone or mail.

Moving interstate permanently?

If you move interstate permanently, HBF is happy to continue to cover you and your family. Although HBF is a Western Australian based organisation, benefits for standard treatments are available for other states. However, special arrangements are generally made with West Australian providers only. As different states have varying medical costs, premiums are a reflection of the state you reside in. If you have any questions relating to moving interstate, please contact one of our Member Service Advisors on 133 423.

Where can I get HBF Fund Rules?

Detailed terms and conditions are contained in the HBF Fund Rules. To obtain the HBF Fund Rules visit hbf.com.au or contact one of our Member Service Advisors on 133 423.

Are there any exclusions on benefits?

There are a few circumstances under which HBF will not pay a benefit. These include:

- If your membership is unfinancial at the time of treatment or service.
- On claims covered by Worker's Compensation,

Third Party or other legal right.

- For treatment or services required by your employer or potential employer to be provided to you as a condition of your employment or by your insurer as a condition of your policy.
- For treatment or services provided outside of Australia.
- For care and accommodation in nursing homes.
- Before a treatment or service has been received.
- If a claim is not lodged within two years of the date of service.
- For hospital treatment that is not eligible for a Medicare benefit, such as cosmetic surgery.
- On internet purchases, unless for pharmaceuticals or contact lenses from an HBF approved provider that operates in Australia.
- For Twin Pack Essentials services where Medicare would pay a benefit.

LET US HELP YOU

Please call us on 133 423 if you are having difficulty reading or understanding this document.

COOLING OFF PERIOD

Members that take out any HBF Health policy have a 30 day cooling off period from the commencement date of the policy, in which time they may cancel their policy and receive a full refund of any premiums paid, provided that they have not made a claim against the policy.

COMPLAINTS

At HBF, we are continually looking for ways to serve you better. This is evidenced by the Private Health Insurance Code of Conduct, which is designed to help our members by providing clear information and transparency in our dealings with you. The Code is designed to help solve problems between members and HBF.



We have also established a complaints handling process for members who may have a dispute with HBF. You can access HBF's complaint handling process via any of our branches or by contacting an HBF Member Service Advisor on 133 423.

If you are not satisfied with the outcome of your concern, you can ask to have it reviewed by our Internal Dispute Resolution (IDR) process.

Complaints should be addressed to:
HBF Disputes Resolution Manager
HBF

GPO Box C101
Perth WA 6809

If a resolution is still not reached to your satisfaction, you can contact the Private Health Insurance Ombudsman by ringing toll free on 1800 640 695, or write to Suite 2, Level 22, 580 George St, Sydney NSW 2000 or forward your complaint to a health care complaints commission or fair trading body in your state of residence.

STATE OF THE HEALTH FUNDS REPORT

Every year the Private Health Insurance Ombudsman publishes a State of the Health Funds report to assist consumers in assessing the comparative performance and service delivery of Australia's private health insurance providers. A copy of the report can be downloaded from phio.org.au.

PRIVATE PATIENT'S HOSPITAL CHARTER

The Private Patient's Hospital Charter is published by the Department of Health and Ageing as a guide to what it means to be a private patient in a public hospital, a private hospital or a day facility. The Charter is available online at health.gov.au.

PRIVACY

Ensuring your Privacy

At HBF Health Limited, we respect the privacy of your personal information. We process personal details on a daily basis and are committed to ensuring that the privacy and security of personal information remains protected. We are bound by the National Privacy Principles (NPPs) set out in the Privacy Act 1988.

A privacy statement about personal information collected by HBF is contained in "Your Rights and Obligations" brochure which is provided to you when you take out cover or is available on request.

Further details on the way we handle personal information are in our Privacy Policy, which is available at hbf.com.au or on request by calling an HBF Member Service Advisor on 133 423.

STANDARD INFORMATION STATEMENTS

A Standard Information Statement is a brief summary of the key features of your health insurance product. It contains information in a standard format set out by the Federal Government. HBF will provide a Standard Information Statement for each policy annually, on request and in any other circumstances required by legislation.

**Telephone Enquiries 133 423**

Mon to Fri: 8am to 6pm
Saturday: 9am to 12pm

hbf.com.au

Head Office

GPO Box C101 Perth 6809

HBF Branch Hours

Mon to Fri: 9am to 5pm

*Saturday: 9am to 12.30pm

Metropolitan Branches**Perth**

96 William Street

Belmont

Belmont Forum Shopping Centre

Booragoon

Garden City Shopping Centre*

Cannington

Carousel Shopping Centre*

Fremantle

82 High Street

Hillarys

Whitford City Shopping Centre

Innaloo

Innaloo Shopping Centre

Joondalup

Lakeside Joondalup Shopping City

Karrinyup

Karrinyup Shopping Centre*

Mandurah

32 Pinjarra Road

Midland

18/53 The Crescent

Morley

Galleria Shopping Centre*

Rockingham

Rockingham Shopping Centre

Subiaco

513 Hay Street

Success

Cockburn Gateway
Shopping Centre

Regional Branches**Albany**

21 Albany Highway

Telephone 9845 7000

Bunbury

12 Arthur Street

Telephone 9722 6300

Busselton

2/90-92 Queen Street

Telephone 9781 1800

Geraldton

Northgate Shopping Centre

Telephone 9920 8200