

# hospital cover



policy details for your hospital cover



## **What is private hospital cover?**

Private hospital cover gives you cover for admission into private hospitals. This means you can:

- Avoid public hospital waiting lists
- Choose your own doctor
- Access single room accommodation

## CONTENTS

Why you should read this brochure .....	3
Hospital cover summary .....	3
Waiting periods.....	4
Making your Hospital claim .....	4
Before you are eligible to claim .....	4
Making your claim .....	5
Hospital information .....	5
HBF Participating Hospitals.....	5
HBF Hospital excess options.....	5
HBF GapSaver .....	5
Pre-admission information .....	6
Hospital benefits.....	7
Medical gap benefits .....	7
Accommodation benefits .....	8
Theatre and labour ward benefits .....	8
Pharmacy benefits.....	8
Prostheses benefits.....	8
Urgent Ambulance.....	9
Additional Hospital Benefits .....	9
Maternity .....	9
Hospital boarders .....	9
Long stay patients .....	9
Psychiatric treatment.....	9
Ambulance Plus .....	10
Your questions answered .....	10
Why isn't there a no-claim bonus?....	10
Up to what age are my children covered?.....	10
Do I have to use my HBF cover in a public hospital?.....	10
What if I am not eligible for Medicare? .....	10
Need cover outside Australia?.....	10
Need cover when you are interstate?... ..	11
Moving interstate permanently?.....	11
Where can I get HBF Fund Rules?.....	11
Are there any exclusions on benefits? ..	11
Let us help you .....	11
Cooling off period .....	11
Complaints .....	12
State of the Health Funds Report .....	12
Private Patient's Hospital Charter.....	12
Privacy.....	12
Ensuring your Privacy .....	12
Standard Information Statements.....	12

## WHY YOU SHOULD READ THIS BROCHURE

It's really important that you understand all the details of your health cover, so when you need to have a hospital stay you'll understand what you're covered for. We recommend reading through this brochure and then keeping it for the future in case you have any questions.

## Hospital cover summary

Benefits	Top Hospital	Intermediate Hospital	Healthy Saver Hospital	Young Singles Saver Hospital <sup>^</sup>
Substantial cover towards a single room in an HBF Participating Hospital <sup>†</sup>	✓	✗	✗	✗
Substantial cover for a single room for maternity patients in an HBF Participating Hospital <sup>†</sup>	✓	✗	✓	✗
Fully covered for a shared room in an HBF Participating Hospital <sup>†</sup>	✓	✗	✓	✓
Substantial cover for a shared room in an HBF Participating Hospital <sup>†</sup>	✓	✓	✓	✓
Assisted reproductive services (including IVF)	✓	✓	✓	✗
Cataract and eye lens procedures	✓	✓	✗	✗
HBF Medical Gap cover	✓	✓	✓	✓
Heart procedures	✓	✓	✗	✗
Hospital excess options	✓	✓	✗	✗
Joint replacement surgery	✓	✓	✗	✗
Maternity and birth-related services	✓	✓	✓	✗
Psychiatric care	✓	✓	✓*	✓*
Theatre fees <sup>∞</sup>	✓	✓	✓ <sup>∞</sup>	✓ <sup>∞</sup>
Urgent Ambulance <sup>‡</sup>	✓	✓	✓	✓

Waiting periods apply. No benefit is payable for hospital treatment where a Medicare benefit is not payable. <sup>^</sup>Only available for singles or couples. <sup>†</sup>For more information on HBF Participating Hospitals please see details on page 5. <sup>∞</sup>No benefit for procedures that are excluded or restricted on your level of cover. <sup>‡</sup>Urgent Ambulance transport covers circumstances classified by St John Ambulance as requiring urgent attention.

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

## Waiting periods

<b>Pre-existing ailments or conditions*</b> 12 month waiting period	
<b>Maternity</b> 12 month waiting period	
<b>Other hospital treatments</b> 2 month waiting period	Including surgical.
<b>Urgent Ambulance</b> 7 day waiting period	Cover for urgent ambulance transport.

## Optional Cover

<b>Ambulance Plus</b> 30 day waiting period	Cover for elective ambulance services.
<b>GapSaver</b> Pre-existing ailments or conditions* 12 month waiting period Maternity 12 month waiting period Other hospital treatments 2 month waiting period	A small annual premium lets you build a safety net of benefits that you can use to pay some out of pocket costs for eligible hospital stays.

\*Does not apply for psychiatric, rehabilitation or palliative care.

## MAKING YOUR HOSPITAL CLAIM

### Before you are eligible to claim

Once you are an HBF Hospital 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, assuming you have served your waiting periods at that level. Please also 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 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 not covered by Medicare.

## Making your claim

In most cases, the hospital will invoice HBF directly (and if the account hasn't been paid, your claim will be made in favour of the provider). If you have paid your account you can post it in together with your receipt and certificate of hospitalisation to:

HBF

GPO Box S1440

Perth WA 6809

or alternatively you can submit your claim at an HBF branch.

## 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 a 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](http://hbf.com.au) to find out if you are being admitted into an HBF Participating Hospital.

### HBF Hospital excess option

#### Top and Intermediate Hospital

HBF Excess is a simple and effective way to reduce your health cover premiums without reducing your level of cover. 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.

#### Intermediate Hospital excess option:

\$140 per adult member up to a maximum of \$280 per family membership per calendar year.

#### Top Hospital excess option:

\$200 per adult member up to a maximum of \$400 per family membership per calendar year; or \$500 per adult member up to a maximum of \$1000 per family membership per calendar year. Please note the excess is payable in addition to any accommodation and procedure co-payments that may apply. You won't be required to pay an excess for any dependant children on your family membership for Top and Intermediate Hospital.

### HBF GapSaver

Being treated in hospital is worrying enough without the added concern of unexpected hospital or medical expenses. So it's good to know you can further reduce most out of pocket expenses with HBF GapSaver.

A small annual premium provides a benefit that accumulates year after year. The benefit can be used to pay most Medical Gap or out of pocket expenses that are incurred during an eligible hospital stay. Expenses include excess, hospital and procedure co-payments, pharmaceutical charges, prostheses and other sundry hospital charges.

GapSaver can also be used for Essentials and Wellness out-of-pocket costs. If you have these products please see the Essentials policy details brochure for more information. 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. Normal hospital waiting periods apply. 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.

### 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 at the time your claim is processed. 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 hospital all you need to do is:

- Login to My HBF at [hbf.com.au](http://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 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-admission 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 do I make a claim?
- How much of my accommodation does HBF pay for?
- What waiting periods apply to my hospital treatment?
- How can HBF's Hospital Liaison Officers help?

## HOSPITAL BENEFITS

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

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

Depending on your level of HBF Hospital 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, radiologist and pathologist.

The Medical Gap is the difference between the Medicare Benefit Schedule (MBS) set by the Federal Government and the amount medical practitioners charge for services provided to private patients admitted to a hospital or day hospital facility.

Medicare covers 75% of the MBS fee for private in-hospital medical services for Australian residents. 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 a 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 your medical practitioner is participating in HBF's Medical Gap cover arrangements. Simply call us on 133 423 or visit our website at [hbf.com.au](http://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 and no payment has been made, please forward it to HBF with a completed claim form. If your doctor is only covered to the MBS, please send the account to Medicare first and then forward the Medicare Statement of Benefits to HBF with a completed claim form.

## Accommodation benefits

In most cases you will be charged for a hospital room when you go into hospital, regardless of whether you have a procedure or not. Depending on your level of HBF Hospital cover, you may be required to pay a co-payment.

## Hospital room co-payments

**Top Hospital.** Top Hospital members staying 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 (except for psychiatric treatment).

**Intermediate Hospital.** Intermediate Hospital members staying in an HBF Participating Hospital may be required to contribute to the cost of a shared room for up to six days of a hospital stay, after which the accommodation fee is 100% covered (except for psychiatric treatment).

**Young Singles Saver Hospital and Healthy Saver Hospital.** Young Singles Saver and Healthy Saver members staying in a shared room in an HBF Participating Hospital are fully covered. Limited hospital benefits apply for psychiatric care and significant out-of-pocket costs may be incurred.

## Hospital room co-payments — maternity

### Top Hospital and Healthy Saver Hospital.

For members who are Top Hospital or Healthy Saver Hospital maternity patients, accommodation fees are 100% covered for the first three days of a stay in a single room in an HBF Participating Hospital. After this time, members may be required to contribute towards the cost of the next six days.

**Intermediate Hospital.** For Intermediate Hospital members who are maternity patients, accommodation fees are 100% covered for the first three days of a stay in a shared room in an HBF Participating Hospital. After this time, the member may be required to contribute towards the cost of the next six days.

## Theatre and labour ward benefits

When you are admitted into hospital for a procedure you will also be charged for the theatre and/or labour ward used for that procedure.

HBF provides 100% cover for theatre and labour ward costs charged by HBF Participating Hospitals, with only a few exceptions, depending on your level 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.

**Top and Intermediate Hospital.** HBF provides theatre and labour ward cover in HBF Participating Hospitals. A co-payment of \$50 is payable in some hospitals for procedures such as colonoscopies and gastroscopies.

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

**Young Singles Saver Hospital.** HBF provides 100% theatre cover in HBF Participating Hospitals. This excludes joint replacement, heart procedures, cataract and eye lens procedures, psychiatric, maternity and assisted reproductive services (including IVF), where no 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 readmissions within 7 days may be considered continuous and therefore one limit applies to all.

## 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 and eye lens procedures and some heart procedures.

### Am I covered for prostheses?

All levels of HBF Hospital cover 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 Federal 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.

### Urgent Ambulance

If you take out any Hospital product, you will also receive Urgent Ambulance cover. This includes unlimited urgent ambulance cover for all circumstances classified by St John Ambulance as requiring urgent attention. There is a seven day waiting period before urgent ambulance services can be claimed. 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.

## ADDITIONAL HOSPITAL BENEFITS

HBF pays a benefit on a range of additional hospital services, depending on your individual circumstances. For full details on benefits, limits and entitlements please contact one of our Member Service Advisors on 133 423.

### Maternity

If you are on a single policy and you want your baby to be covered for benefits from birth, an application for family cover must be made within one month of your baby's birth date. The family premiums will apply from the baby's date of birth.

### Midwife and lactation consultant benefits

HBF covers some midwife and lactation consultant visits provided by the discharging hospital after new mothers return home from hospital. Midwife and lactation consultant visits are subject to clinical need and hospital resources and availability. Services are arranged at the discretion of the hospital/medical practitioner.

### 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 stay 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. The patient must have HBF Hospital cover. If the patient is not eligible for treatment under an HBF Hospital product, no benefit is payable.

### 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 hospitals with approved programs. However, this is not usually fully covered.

## AMBULANCE PLUS

HBF Hospital members can choose to add the extra protection of 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 provision of free ambulance services.

## YOUR QUESTIONS ANSWERED

Understanding Hospital 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 rule aims to ensure that groups with a higher level of claims are not disadvantaged.

### **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 with private health insurance, you can choose to be treated as a private or public patient.

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 am not eligible for Medicare?**

If you aren't eligible for Medicare, you will experience some large out of pocket hospital and medical costs with HBF Hospital 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](http://hbf.com.au) for more information.

### **Need cover outside Australia?**

We are not legally permitted to pay benefits for treatment or services that are 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 a 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 for direct debit from your bank or credit card account. You can also pay online at [hbf.com.au](http://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 suitable for other states. However, special arrangements are 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](http://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:

- 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. This simply means we don't pay in advance for future treatments.
- 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.

### **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:

Manager - Disputes Resolution

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 Street, 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](http://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](http://health.gov.au)

## PRIVACY

### Ensuring your Privacy

At HBF, 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](http://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**

115 Grand Boulevard

**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