

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

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Hospital cover summary

Benefits	Top Hospital	Intermediate Hospital	Healthy Saver Hospital	Young Singles Saver Hospital^
Substantial cover towards a single room in an HBF Participating Hospital [†]	✓	✗	✗	✗
Fully covered for a shared room in an HBF Participating Hospital [†]	✓	✓**	✓	✓
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	✓	✓	✓	✓

Waiting periods apply. No benefit is payable for hospital treatment where a Medicare benefit is not payable (except certain dental and podiatric surgery where HBF will pay a benefit for accommodation and hospital costs). For more information please see details on page 6. ^Only available for singles or couples. †For more information on HBF Participating Hospitals please see details on page 5. *Limited hospital benefits apply similar to the cost of a shared room in a public hospital. **A co-payment will apply. See page 7 for details.

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.

Waiting periods

Maternity 12 month waiting period	
Other hospital treatments 2 month waiting period	Including surgical.
Pre-existing ailments or conditions* 12 month waiting period	This is an illness or condition which, in the opinion of a 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.

Optional Cover

Ambulance Plus 30 day waiting period	Cover for elective ambulance services.
GapSaver Maternity 12 month waiting period Other hospital treatments 2 month waiting period Pre-existing ailments or conditions* 12 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. Please see the table to the left for details. 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.

Making your claim

In most cases, the hospital will invoice HBF directly. However, if you do receive an account you can make a claim in person by presenting your account and HBF card at any HBF Service Centre. Alternatively, you can download a claim form online at www.hbf.com.au, or simply call an HBF Member Service Advisor on 133 423 and we'll post your claim form that day. If you have already settled your account, your payment can be reimbursed immediately via cash (limits apply), cheque or direct credit. Please note that cash reimbursement can only be claimed in person at an HBF Service Centre. If your account hasn't been paid, your claim will be paid in favour of the provider.

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 www.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 agreed excess and paid once per adult member in any calendar year, 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, available to Intermediate Hospital members.

Top Hospital excess option:

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

HBF GapSaver

Being treated in hospital is worrying enough without the added concern of unexpected eligible 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 hospital and theatre co-payments, pharmaceutical charges, prostheses and other sundry hospital charges. Please note: GapSaver cannot be used to cover excess payments that may be required as part of your HBF Hospital cover, nor can GapSaver be used for in-hospital Essentials services such as physiotherapy or anaesthetic charges associated with podiatric surgery. GapSaver is available to all HBF members with hospital cover. There are three options providing

different annual benefits.

GapSaver benefit options per membership per year:

	Single membership	Family membership
Level 1	\$ 50	\$ 100
Level 2	\$ 100	\$ 200
Level 3	\$ 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. Please note: If you cancel your policy, any accrued benefit will be available for as long as you remain an HBF Hospital member, otherwise the benefit is not available or refundable.

Pre-operative information

Before a hospital stay, contact HBF and we'll send you our 'Preparing For 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?

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 non-PBS pharmaceuticals administered during your hospital stay.
Prostheses	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 one-off, 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 www.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 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.

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.

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 endoscopy 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, cataracts, psychiatric and assisted reproductive services (including IVF), where no theatre benefit is payable by HBF.

Young Singles Saver Hospital. HBF provides 100% theatre cover in HBF Participating Hospitals. This excludes joint replacement, heart procedures, cataracts, psychiatric, maternity and assisted reproductive services (including IVF), 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 pharmaceuticals administered during a hospital stay. This benefit is limited to \$1,400 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 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?

All levels of HBF Hospital 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. Most prostheses are fully covered, however there are some prostheses that may attract an out of pocket expense. Please be assured that there is at least one fully covered prosthesis available for every surgical procedure that you may need. 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 HOSPITAL BENEFITS

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

Maternity

If you are a maternity patient 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. 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 stay in a special care facility for the first six days of their stay in most hospitals.

Critical care

Hospital fees and subsequent HBF benefits for critical care (including intensive care units) vary significantly. Some out of pocket critical care expenses may apply.

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.

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 benefit 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 100% cover. HBF's usual 100% cover after six days of hospitalisation does not apply. Benefit limits apply to some day programs.

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 \$3,000 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.

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 2007, 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.

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 \$19,500 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. 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 www.hbf.com.au for more information.

Need cover outside Australia?

We do not pay benefits for treatment or services that occur 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, building society, credit union or credit card account. You can also pay online at www.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 www.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 source.
- A benefit will not be paid until after treatment or service has been received.
- A benefit may not be paid unless the claim is lodged within two years of the date of service.
- HBF does not pay benefits for hospital treatment that is not eligible for a Medicare benefit, such as cosmetic surgery.

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.

LET US HELP YOU

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 Service Centres 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 Level 7, 362 Kent 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 www.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 www.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 www.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

www.hbf.com.au

Head Office

125 Murray Street Perth
GPO Box C101 Perth 6809

HBF Service Centre Hours

Mon to Fri: 9am to 5pm
*Saturday: 9am to 12.30pm

Metropolitan Service Centres**Perth**

96 William Street

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 City
Shopping Centre

Subiaco

513 Hay Street

Success

Cockburn Gateway
Shopping Centre

Regional Service Centres**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