

Basic Hospital Plus Cover Summary

Low cost hospital cover for a few basic services, plus accident cover

Features



Cover for your own private room¹



Accident cover the day after you join



Unlimited urgent ambulance by road²



Choice of a higher excess to reduce your premium

As an HBF member you'll:

- ✓ Be part of a not-for-profit health fund that's able to focus on giving more back to members.
- ✓ Be able to check your limits, view usage, update your details and get a benefit quote with myHBF, our member service portal.

How to contact us:



Call 133 423

Call centre hours (WST)

Mon-Fri: 6am-6pm, Sat: 7am-4pm, Sun: Closed



Go to [hbf.com.au](https://www.hbf.com.au)



Find a branch near you

¹ At a Member Plus hospital. Subject to availability.

² HBF will cover the cost for urgent ambulance transport by road only for circumstances classified as emergency or urgent. HBF does not cover air ambulance.

What am I covered for?

This is an overview of Basic Hospital Plus. Additional information you should know relating to this cover can be found in the Membership guide available at hbf.com.au/membership-guide

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



Restricted hospital benefits only. Significant out-of-pocket costs may occur.



Included service. This meets government requirements for a Basic level of hospital cover.



Included service. This is additional to the minimum government requirements for a Basic level of hospital cover.



Excluded service.

What is an included service?

When you have been admitted to hospital for treatment that is an included service on your cover, you'll be covered for private room accommodation and theatre fees (less any co-payment or agreed excess) for all agreed services in a Member Plus hospital.

We may also pay a benefit towards your specialist fees and other in-hospital services, such as medically necessary investigative tests and/or examinations, if your treatment is covered by Medicare. These services must be required to support your treatment after you've been admitted to hospital.

If you choose to be treated as a private patient in a public or non-Member Plus hospital, we'll pay a benefit towards your accommodation only, and you may incur out-of-pocket costs. You'll have the option to request a private room, however please note that private rooms are offered based on medical need and there may be some instances where a private room is unavailable.

Are there any exclusions on benefits?

There are some common situations where HBF won't pay a benefit:

- If you receive a service or treatment that is excluded on your cover
- If you receive an outpatient service including treatment in a private emergency department
- If you receive hospital treatment that is not eligible for a Medicare benefit, such as cosmetic surgery
- Your premium payments are not up-to-date at the time of treatment or service
- Your claim is not lodged within two years of the date of service
- If you have not yet received your treatment or service at the time you claim
- Your treatment or service is provided outside of Australia
- Your claim is covered by worker's compensation, third party or other legal right

See the **Membership Guide** for a full list of exclusions.

Urgent Ambulance

With Urgent Ambulance, you'll be fully covered for ambulance transport by road and on-site treatment, for circumstances classified as emergency or urgent when transported by an approved HBF provider.

The most common urgent ambulance service is a call-out that requires a trip to a hospital emergency department. Emergency or urgent treatment by paramedics at the scene, such as resuscitation, are also considered an urgent ambulance service and will therefore be eligible for benefit under your cover.

Each state runs a little differently when it comes to Ambulance cover, so here's what you need to know when you get your bill:

- If you live in VIC, SA, WA or NT and receive a bill for emergency ambulance transport, send it to us for processing.
- If you live in NSW or ACT, you need to return your bill to your respective state/territory ambulance levy scheme with your HBF member information.
- If you live in TAS or QLD, you are covered under your state-based scheme for ambulance services within your state.
- If you hold a concession card, you may have subsidised ambulance services depending on the state you live in.

HBF won't pay a benefit for:

- Situations where the service is not classified as emergency or urgent, including transport to medical appointments.
- Any transport not by road, including air ambulance services.
- Situations where the benefit or cost is subsidised by a state scheme or is payable by a third party, including inter-hospital transfers.

When can I claim?

If you're new to private health insurance or if you've upgraded to a higher level of cover, you'll have to serve a waiting period before you can claim.

Waiting periods for Basic Hospital Plus are listed below:

Service	Waiting periods
Accident cover	1 day
Urgent ambulance (by road)	7 days
All other in-hospital treatments	2 months
Pre-existing ailments or conditions ³	12 months

Where you have continuous hospital cover, we'll honour any waiting periods you served with your previous health fund, so you won't have to re-serve them. If you are part-way through a waiting period, you will just have to serve the remainder before you can claim.

If you're moving from a cover with an excess to a cover with a lower or no excess, you'll need to pay the higher excess if you're admitted to hospital during the waiting periods applicable to that service.

What is a pre-existing condition and how does it work?

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, including on the day you joined. This also applies if you transferred to a level of cover with 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.

Accident cover

What is an accident and how does claiming on it work?

An accident is an unforeseen event, occurring by chance and caused by an external force or object that results in an injury to the body requiring admission to hospital for medical treatment. To be eligible to claim on an accident, you must be admitted to hospital or present to a medical practitioner within 7 days of the accident. If you need to be admitted to hospital for treatment as a result of the initial accident, you must be admitted within 90 days of the initial hospital admission or presentation to a medical practitioner.

HBF will pay a benefit for hospital treatment as a result of an accident when:

- The hospital treatment was not for the treatment of an illness, condition, ailment, sickness or injury that was either known or should reasonably have been known to you at any time.
- The accident did not occur as a consequence of your employment or professional duties.

HBF won't pay a benefit if the treatment is claimable through a third party.

³ Pre-existing waiting periods do not apply for psychiatric care, rehabilitation or palliative care.

Will I have any out-of-pockets?

In some situations, yes. Below are some common out-of-pockets costs and how to manage them. To reduce or avoid out-of-pockets, simply contact us before you go to hospital and we'll help you understand ways to save.

Excess

An excess is a sum of money you pay upfront before you receive hospital treatment. Generally, the higher your excess, the lower your premium. The excess is paid once per member per calendar year (to a maximum of twice per couple or family policy) no matter how many times you may be hospitalised. The excess applies for day and overnight admissions. You won't be required to pay an excess for any dependent children on your family policy. Basic Hospital Plus has a \$500 or \$750 excess option available.

How to manage out-of-pockets: Some HBF products have a lower excess option to reduce the amount you pay upfront when you go to hospital, but keep in mind a lower excess generally means a higher premium.

Hospital Gaps

HBF has agreements with a large network of private hospitals, which we call Member Plus hospitals, to cover the cost of accommodation and theatre fees for all agreed services included on your level of cover. If the hospital you attend does not have an agreement with HBF, or if the service you require is a 'non-agreed' service (not covered as part of your hospital's agreement with HBF), you will have an out-of-pocket.

How to manage out-of-pockets: Stay at a Member Plus hospital to ensure your accommodation and theatre fees are covered for the services included on your level of cover.

Medical Gaps

If your doctor/s (e.g. your surgeon, specialist or anaesthetist) charges more than the Medicare Benefits Schedule fee, you will pay the difference (known as 'the gap') out of your own pocket. HBF may cover all, some or none of this gap, depending on the agreement the doctor has chosen to participate in. Doctors outside of WA can choose to participate in agreements with HBF on a case by case basis.

How to manage out-of-pockets: Speak to your doctor/s prior to your procedure to check what arrangement they have with HBF and what, if any, gap you'll have to pay. You can contact us for more information and a list of doctors HBF has agreements with, within WA.

Private Patient in Public Hospital

When you are admitted as a private patient in a public hospital, HBF will pay a benefit towards your treatment. There may be an out-of-pocket cost for your hospital admission related to your hospital excess, or if you stay in a private room.

How to manage out-of-pockets: If you choose to use your private hospital insurance in a public hospital, contact us before your treatment and we'll guide you through any out-of-pocket costs.

Medicare Eligibility

Most Australian citizens and permanent residents are eligible for Medicare; however, if you aren't eligible for Medicare, you'll experience large out-of-pocket hospital and medical expenses even if you have hospital cover with HBF.

How to manage out-of-pockets: You may wish to consider HBF's range of overseas visitor cover, which provides benefits for services Medicare would normally cover.

Prostheses

Prostheses are medical devices, such as pacemakers and artificial joints, that can be provided during hospital treatment. HBF will cover prostheses that are listed on the government prostheses list. Most prostheses are fully covered; however, your doctor may use a prosthesis that isn't listed on the government prostheses list, in which case you'll have an out-of-pocket expense.

How to manage out-of-pockets: We suggest you discuss the choice of prostheses and the associated costs with your doctor.

In-hospital Pharmacy

When you're admitted into hospital for a procedure, it's likely you'll be given medication. In a number of Member Plus hospitals, in-hospital non-PBS pharmacy items are specified in the hospitals' Participating Hospital Provider Agreement. These items may be included in the hospital charges, which means you may have limited or no out-of-pocket costs to pay. Where the non-PBS pharmacy items are not specified as included within the Member Plus hospital's agreement, we will pay benefits up to \$1400, with a member co-payment of \$100, per hospital episode. There's no limit on the number of times you can claim per year, however re-admissions within seven days may be considered continuous and therefore only one limit and co-payment applies.

Dental Surgery

Where your Dental Surgery treatment is not covered by Medicare, HBF won't pay a benefit for the oral surgeon's fees under your hospital cover, however you'll still be covered for the accommodation and theatre.

How to manage out-of-pockets: You may be able to receive a benefit for these treatments if you hold an eligible Extras cover and waiting periods have been served. Contact us before your treatment to understand what out-of-pocket costs will apply and any benefits you may be able to receive with one of our Extras covers.

Cancer Treatment

If you need to go to hospital for cancer treatment, you may need Chemotherapy, Radiotherapy or Immunotherapy and surgical removal of the cancer with an operation.

Surgical procedures related to cancer will be covered if the relevant body system is an included service on your cover. You'll also be covered for Chemotherapy, Radiotherapy and Immunotherapy for cancer if this is an included service on your cover.

You may have an out-of-pocket cost if either the affected body system or Chemotherapy, Radiotherapy and Immunotherapy for cancer isn't included on your cover. For example, if you're covered for Gynaecology but aren't covered for Chemotherapy, Radiotherapy and Immunotherapy for cancer, you'll receive a benefit for the surgical removal of an ovarian tumour however you won't receive a benefit towards Chemotherapy treatment.

How to manage out-of-pockets: You can contact us for more information about any out-of-pockets you may have for cancer treatment.

Before receiving any treatment, you should contact us or go to hbf.com.au/myhbf for a health benefit quote so you know how much you're covered for, the benefits you'll receive and any out-of-pocket expenses.

HBF reserves the right to make changes to its products, benefits and terms and conditions from time to time. HBF will notify the policyholder a reasonable time in advance of any changes that might be detrimental to the member's interests.